

California Department of Corrections and Rehabilitation

Office of Audits and Compliance



Operational Peer Review

Sierra Conservation Center

October 20 through October 31, 2008

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OFFICE OF AUDITS AND COMPLIANCE

SIERRA CONSERVATION CENTER

EXECUTIVE SUMMARY

The Office of Audits and Compliance, in conjunction with various teams, conducted an audit of Administrative Segregation (Ad Seg) and Due Process, Business Services, Inmate Education Programs, [REDACTED], Ad Seg Bed Utilization, Case Records, and [REDACTED] at Sierra Conservation Center (SCC). The audit was performed during the period of October 20 through 31 2008. The purpose of the audit was to determine SCC compliance with State, federal, and departmental rules, regulations, policies, and procedures.

Preliminary audit reports were prepared for each of the audited areas. This executive summary identifies the significant issues identified in each of the preliminary reports. For more information on the areas of interest, please see the detail preliminary report. The Office of Audits and Compliance requested that SCC provide a corrective action plan 30-days from the date of the preliminary report.

A summary of the significant issues is as follows:

Ad Seg and Due Process

Areas of concern were found in the following areas:

- **Fire Drills.** Of the 12 required fire drills, 9 (75 percent) were conducted as required.
- **Confidential Material.** Of the 30 records reviewed, 27 were not ratable as the reason for placement was not based on confidential information. Of the 3 ratable records, 2 (67 percent) contained an appropriate Confidential Information Disclosure, CDC Form 1030 issued within the required time frames. The 1 remaining record did not contain a CDC 1030.
- **Protective Vests.** The review team observed staff members representing medical, psychiatry, maintenance, and counseling that were not wearing a vest while in Ad Seg.

Business Services

Personnel:

SCC has more positions than authorized by the Governors Budget and the Department of Finance. Currently, there are 35 Correctional Officers paid out of the 918 Blanket and the institution has no vacant full-time positions. In addition, there is a possible

deactivation that may eliminate 15 Correctional Officer positions. Also, there is a .5 position paid out of personnel that is not funded.

Custody supervisors instead of the employee are signing in for employees on the sign in/out sheets (i.e., Family Leave Standards Act).

Accounts Receivables (AR) are not established timely for employees who have delinquent Employee Attendance Reports and PALS Worksheets, CDC 998-As. For example, there are 48 Correctional Officers on the August 2008 delinquency list. The Audits Branch tested five of the 48 to determine if ARs were established and none were.

Custody supervisors are approving CDC 998-As without the appropriate substantiation for military leave and sick leave. For example, sick leave verification was accepted but did not have a physician or health care professional signature. Also, bereavement leave fiscal (BLF) was approved for a family relation that is not covered in the MOU.

Plant Operations:

There are several deficiencies related to managing emergency generators. For example:

- There are no local operating procedures establishing standardized procedures and or direction for the testing and maintenance of emergency generators.
- Batteries maintained at the switch gear room are not equipped to withstand seismic forces.
- Program areas responsible for maintaining logs do not collaborate to maintain records.
- The National Fire Protection Association (NFPA) standards are not complied with regarding monthly testing.
- Record keeping is not maintained in accordance with the conditions of the permit to operate.
- The asset history reports for emergency generators number 160000013551 and 16000001350 contain information not related to testing and maintenance. NFPA and Institution Maintenance Unit (IMU)

The following deficiencies were found regarding the cross-connection program (i.e., backflow):

- The master list does not reconcile to asset history reports from the Facility Center data base.
- It could not be determined whether backflow devices that failed were tested and subsequently repaired or surveyed.
- There is no published cross-connection schedule for 2008.
- It could not be determined whether all backflow devices are tested on an annual basis.

The maintenance of the heating, ventilation and air conditioning (HVAC) is inadequate. For example, although maintenance is required quarterly on HVAC in seven locations, there has been only 28 percent documentation of maintenance during 2008.

Trades staff is not preparing Equipment Maintenance Data Summary Sheets when a new piece of equipment is installed. It was noted that 72 percent of equipment tested in Food Services did not have identifiers.

There are several deficiencies related to the work order process. For example,

- The operational procedure number 32 is not efficient for Plant Operations.
- Work order priorities are not established according to departmental guidelines.
- Corrective work orders do not denote actions taken in 15 percent of the sample.
- PM work orders do not always indicate the task performed.
- Priority four work orders are given priority over preventive maintenance work orders for the Electronic Technicians.

Inmate Education Programs

Education Administration:

Credits are not being recorded on the Inmate Student Transcript, CDCR 154 card or other transcripts. Certificates of completion are not always in the file even when the completion is recorded on the CDCR,154 card. There are no Test of Basic Adult Education chronological reports in the files. Most of the Education Chronos – Reporting Progress, CDCR Form 128E were reviewed by the supervisors but a few were not documented.

Several teachers and supervisors did not have the appropriate credentials on file in the principal's office.

Academic Education:

Most teachers know about requirements for the issuance of certificates of completion. However, some teachers did not know requirements for issuing a certificate of achievement. It is recommended that copies of the Office of Correctional Education memo describing the requirements for issuance of both certificates be distributed to all teachers.

There are no records of any required or elective credits being issued by most academic and vocational teachers. The Principal recently suspended the High School Class. Most teachers are unaware that they can give elective or required credits. Credits can be given as long the student completes assignments and passes a subject matter quiz/exam. It is recommended that the Principal continue to explore ways to implement the issuance of credits in consultation with the Office of Correctional Education. It is also recommended that the High School Class be reactivated as soon as possible especially upon a positive response from the Office of Correctional Education letter sent to State Department of Education.

The Test of Adult Basic Education (TABE) locator test is not being used, when needed, to determine which level-appropriate TABE to administer. The TABE locator test is available but not used. The TABE coordinator used an alternative method for determining the appropriate test level to administer the full battery TABE. The TABE is the recommended method for determining the appropriate test level when there is no test score available.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Administrative Segregation Bed Utilization

This review is presented in four separate case groups (i.e. Disciplinary Process, Incident Report Processing, Safety Concerns Investigation, and Prison Gang Investigation).

Disciplinary Process:

- 1) Hearing to Facility Captain Review: Time from the date of the Rules Violation Report (RVR) hearing to the date the RVR was audited by the Facility Captain ranged from 1 day to 43 days, with an average time of 9 days. Of the cases reviewed, 55 % met this expectation. According to the Deputy Director memorandum dated March 26, 2003, the expectation is this time will be within 5 working days.
- 2) Facility Captain to Chief Disciplinary Officer Review: Time from the date the RVR was audited by the Facility Captain to the date the RVR was audited by the Chief Disciplinary Officer (CDO) ranged from 1 day to 5 days, with an average time of 2 days. Of the cases reviewed, 80% met this expectation. According to the Deputy Director memorandum dated March 26, 2003, the expectation is this time will be within 3 working days.
- 3) Chief Disciplinary Officer to Institution Classification Committee (ICC) review: Time from date the CDO audited the RVR to the case being reviewed by the ICC for the RVR ranged from 14 days to 71 days, with an average time of 34 days. Of the cases reviewed, 16% met this expectation. According to the CCR 3335(d) (1) (2), upon resolution an ICC shall review the inmate's case within 14 days.

Incident Reporting Processing:

- 1) Incident Date to ISU Receipt of Incident Report: Date from incident occurrence to the date ISU received the Incident Report ranged from 1 day to 33 days, with an average time of 7 days. Of the cases reviewed, 88% met this expectation. According to the Deputy Director's memorandum dated March 26, 2003 the complete package will be presented to ISU within 21 calendar days.
- 2) ISU Receipt of Incident Report to Referral to DA/ISU Screen out: Date from ISU receipt of Incident Report to referral to District Attorney (DA) or ISU screen out ranged from 1 day to 2 days. According to the Deputy Director memorandum dated March 26, 2003 the expectation is the time should not exceed 5 working days.
- 3) DA Referral to Resolution: Date from (DA) referral to either rejection or acceptance of the case ranged from 10 days to 27 days. This is one area that the institution has no definitive control over, however, it is suggested that the institution work closely with the DA's office to track the decision making process to resolution of either acceptance of the case for prosecution or rejection of the case for prosecution.

Safety Concern Investigations:

There were 6 cases reviewed that were placed in Administrative Segregation based on the need for investigation of safety concerns.

- 1) Investigation initiation to Completion: Time from the date of referral to staff for investigation to the date the investigation was concluded ranged from 1 day to 46 days, with the average time of 12 days. Of the cases reviewed, 80% met this expectation. According to the Deputy Director's memorandum dated March 26, 2003 the expectation is this time should not exceed 30 calendar days.
- 2) Investigation Completion to ICC Review: Time from conclusion of the investigation to ICC review of investigation results ranged from 7 days to 61 days, with the average time of 34 days. Of the cases reviewed, 20% met this expectation. According to CCR 3335(d) (1) (2), upon resolution an ICC shall review the inmate's case within 14 days.

Prison Gang Investigation:

There were eight cases reviewed that were placed in Ad Seg based on Gang Investigation/Validation/Debriefing.

ASU Placement to Referral to Institution Gang Investigator (IGI) for Investigation:
Days from ASU placement to IGI investigation assignment being received by IGI ranged from 1 day to 11 days, with an average time of 5 days.

Initiation of IGI investigation to Conclusion of Investigation: Days from IGI investigation assignment to receipt of completed investigation ranged from 42 days to 175 days, with an average time of 90 days.

Case Records

Holds, Warrants, and Detainers: In the Holds, Warrants and Detainer portion of the audit, 19 components were reviewed. There were 7 areas listed below that need to be brought into compliance with the current policies and procedures as indicated in the above review portion of this report:

- Holds are not being dropped or entered in the KCHD system pursuant to Departmental Policy.
- Desk procedures need to be updated to ensure all current Instructional Memo's pertaining to the HWD processes are incorporated into the procedures.
- Follow Desk Procedures for processing the PC 1381, PC 1389 and PC 1203.2(a) process.
- Warrant information not accurately reflected in Automated Release Date Tracking System (ARDTS), Offender Base Information Service (OBIS) and on the Chronological History, CDC Form 112.
- Develop a process to ensure the KCHD is queried prior to parole (best practice).
- Provide training to appropriate staff to ensure the Detainer Summary, CDC Form 850 is being properly filled out to include, but not limited to, the date of initiation, date and time of hold placed, as well as the Evaluator Section completed.
- Ensure all holds, whether received by fax, teletype or mail, is date and time stamped.

Warden's Checkout Order (CDC Form 161): In the Warden's Checkout Order, CDC Form 161 portion of the audit, 3 components were reviewed. There is one area listed below that needs to be brought into compliance with the current policies and procedures as indicated in the above review portion of this report:

- The CDC Form 161 needs to reflect the Commitment Name and the Time of Release pursuant to Dom Section 74070.21.

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Office of Audits and Compliance

Sierra Conservation Center

GLOSSARY

Ad Seg	Administrative Segregation
AR	Accounts Receivable
ASU	Administrative Segregation Unit
CDC 1030	Confidential Information Disclosure
CDC 114-A1	Inmate Segregation Profile
CDC 114-D	Administrative Segregation Unit Placement Notice
CDC 128-G	Witnesses on the Classification Chrono
CDC 647	Personnel Action Request
CDC Form 161	Warden's Checkout Order
CDC Form 850	Detainer Summary
CPU	Computer Processing Unit
DA	District Attorney
DOM	Department Operations Manual
ICC	Information Classification Committee
IE	Investigative Employee
IGI	Institution Gang Investigator
ISU	Investigative Services Unit
IWL	Inmate/Ward Labor
LEF	Lethal Electrified Fence
RVR	Rules Violation Report
Std. 897	Bilingual Pay Request Forms
TBAE	Test of Basic Adult Education

CATS	Central Armory Tracking System
CDC 850	Detainer Summary
CDC 998-As	Employee Attendance Records and PALS Worksheets
CRCR 154	Inmate Student Transcript
CDCR 128E	Education Chronos – Reporting Progress
CDCR 655	Weapon Issue and Return
CCR	California Code of Regulations
ARDTS	Automated Release Date Tracking System
OBIS	Offender Base Information Service
HWD	Holds, Warrants, and Detainers
KCHD	
FLSA	Family Leave Standards Act
NFPA	National Fire Protection Association
HVAC	Heating Ventilation and Air Condition

PC

Public Code

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CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

PROGRAM COMPLIANCE REVIEW

REPORT OF FINDINGS

ADMINISTRATIVE SEGREGATION
AND
DUE PROCESS

SIERRA CONSERVATION CENTER

OCTOBER 20 THROUGH 31, 2008



PRELIMINARY

CONDUCTED BY

COMPLIANCE/PEER REVIEW BRANCH

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Review of Administrative Segregation and Due Process

Sierra Conservation Center

INTRODUCTION

This review of Administrative Segregation Unit (Ad Seg) operations and due process provisions at Sierra Conservation Center (SCC) was conducted by the Compliance/Peer Review Branch (CPRB), Office of Audits and Compliance, between the dates of October 20 through October 24, 2008. The review team utilized the California Penal Code (PC), California Code of Regulations (CCR), Title 15, California Department of Corrections and Rehabilitation's (CDCR) Department Operations Manual (DOM), CDCR's Use of Force Policy, Administrative Bulletins (AB) 95/3R and 99/03, and Information Bulletins (IB) as the primary sources of operational standards. In addition, applicable court-ordered minimum standards established under **Toussaint v. Gomez** were used in this review as a benchmark for litigation avoidance.

This review was conducted by Tony Alleva, Facility Captain; Dave Stark, Correctional Counselor (CC) II; Michael Brown, Correctional Lieutenant; Al Sisneros, Correctional Lieutenant; Chuck Lester, Correctional Lieutenant; and Nancy Fitzpatrick, Associate Governmental Program Analyst, of the CPRB.

The review consisted of an on-site inspection, interviews with staff and inmates, reviews of procedures and other documentation, and observation of institutional operations.

The purpose of the CPRB review is one of overall analysis and evaluation of the Institution's compliance with the terms and conditions of State regulations and court-established standards.

Each area was reviewed by a minimum of two primary reviewers and cross-verified by other members of the team as possible. Overall, findings presented in the attached report represent the consensus of the entire review team.

Review of Administrative Segregation and Due Process

Sierra Conservation Center

REVIEW SCOPE AND METHODOLOGY

The CPRB conducted an on-site review at SCC during the period of October 20 through October 24, 2008. The purpose of this review was to assess the level of compliance with established State regulations and court-established standards in the areas of Ad Seg operations and due process provisions. This review and the attached findings represent the formal review of SCC's compliance by the CPRB.

The scope and methodology of this review was based upon written review procedures developed by the CPRB and provided to SCC's staff in advance of the review.

Random sampling techniques were employed as an intrinsic part of the review process.

For the purposes of this review, facilities were toured by members of the review team, cell and tier inspections were conducted in the unit, and randomly selected inmates were informally interviewed based upon their interest and willingness to talk to the reviewers.

Throughout the tour, on-duty staff at all levels (medical, counseling, management, administration, custody, and non-custody) were interviewed regarding current practices.

A random sample of 30 central files was reviewed. Utilizing "point-in-time" methodology, files were evaluated against all administrative requirements pertaining to the documents contained in those files.

Review of Administrative Segregation and Due Process

SIERRA CONSERVATION CENTER

COMPLIANCE RATING BY SUBJECT AREA

SECTION REVIEWED	NO. OF ITEMS REVIEWED	NO. OF ITEMS NOT RATABLE	NO. OF ITEMS IN COMPLIANCE	SECTION SCORE
Conditions of Segregated Housing	30	0	29	97%
Due Process	22	0	21	95%
Administration	10	0	9	90%

Review of Administrative Segregation and Due Process

Sierra Conservation Center

EXECUTIVE SUMMARY

During this formal review of compliance with State regulations and court-established standards regarding Ad Seg operations and due process provisions at SCC, the Facility was found to be in compliance with 59 (95 percent) of the 62 ratable areas. No areas were found to be not ratable during this review.

Areas of concern were found in the following areas:

- **Fire Drills.** Of the 12 required fire drills, 9 (75 percent) were conducted as required.
- **Confidential Material.** Of the 30 records reviewed, 27 were not ratable as the reason for placement was not based on confidential information. Of the 3 ratable records, 2 (67 percent) contained an appropriate Confidential Information Disclosure Form (CDC 1030) issued within the required time frames. The 1 remaining record did not contain a CDC 1030.
- **Protective Vests.** The review team observed staff members representing medical, mental health services, maintenance, and counseling that were not wearing a vest while in Ad Seg.

A complete description of these finding areas may be found in the narrative section of this report.

Review of Administrative Segregation and Due Process

Sierra Conservation Center

SUMMARY CHART (SYMBOL DEFINITIONS)

The following chart represents individual review findings in relation to the CCR, Title 15, DOM, PC, and ABs. In addition, applicable court-ordered minimum standards established under **Toussaint v. Gomez** are being used in this review as a benchmark for litigation avoidance.

Each of the items is rated as to whether or not the Institution is in compliance. The chart utilizes the following symbols to denote compliance ratings:

SYMBOL	DEFINITION
Compliance (C):	The requirement is being met.
Partial Compliance (P/C):	The institution is clearly attempting to meet the requirement, but significant discrepancies currently exist.
Noncompliance (N/C):	The institution is clearly not meeting the requirement.
Not Applicable (N/A):	Responsibility for compliance in this area is not within the authority of this institution.
Not Ratable (N/R):	No measurable instances.

At the end of the chart is a Comparative Statistical Summary Chart of Review Findings. This summary presents a mathematical breakdown of compliance by total items and percentages (%).

Review of Administrative Segregation and Due Process

Sierra Conservation Center

SUMMARY CHART

REVIEW STANDARD	REVIEW FINDING 10/07	REVIEW FINDING 10/08	PAGE NO.
I. CONDITIONS OF SEGREGATED HOUSING			
1. Living Conditions.	C	C	1
a. Housekeeping and Maintenance.	C	C	1
b. Vector Control.	C	C	2
2. Restrictions.	C	C	2
3. Clothing.	C	C	3
4. Meals.	C	C	3
5. Mail.	C	C	4
6. Visits.	C	C	5
7. Personal Cleanliness.			
a. Showering.	C	C	5
b. Haircuts.	C	C	6
c. Laundry Items.	C	C	6
8. Exercise.	C	C	6
9. Reading Material.	C	C	7
10. Rule Changes.	C	C	8

REVIEW STANDARD	REVIEW FINDING 10/07	REVIEW FINDING 10/08	PAGE NO.
11. Telephones.	C	C	8
12. Institution Programs and Services.	C	C	9
13. Visitation and Inspection.	C	C	9
a. Medical Attention.	C	C	10
14. Management Cells.			
a. Placement.	C	C	10
b. Reporting.	C	C	11
c. Transfer.	C	C	11
15. Access to the Courts.	C	C	12
16. Isolation Log Book (CDC 114).	C	C	12
17. Isolation/Segregation Record (CDC 114-A).			
a. All significant information documented.	C	C	13
b. The Inmate Segregation Profile (CDC 114-A1) notes yard group designation.	C	C	13
c. The CDC 114-A1 notes special information.	C	C	14
d. The CDC 114-A1 is updated every 90 days.	C	C	14
18. Safety.			
a. Fire Safety.	C	C	15
b. Quarterly Fire Drills.	C	P/C	15
c. Documentation.	C	C	16

REVIEW STANDARD	REVIEW FINDING 10/07	REVIEW FINDING 10/08	PAGE NO.
II. DUE PROCESS			
1. Authority.	P/C	C	17
2. Written Notice.	C	C	17
3. Receipt of the Administration Segregation Unit Placement Notice (CDC 114-D).	C	C	18
4. Confidential Material.	P/C	P/C	18
5. Review.	C	C	19
a. Staff Assistance.	C	C	19
b. Witnesses.	C	C	20
c. Inmate Waiver of Time Limitations.	C	C	20
d. Hearing Time Constraints.	C	C	21
e. Decision.	C	C	21
6. Hearing Within 10 Days.	C	C	22
a. Determinations Documented on the Classification Chrono (CDC 128-G).	C	C	22
b. Hearing Date.	C	C	23
c. Inmate Presence.	C	C	23
d. Hearing Officer.	C	C	24
e. Staff Assistant (SA)/Investigative Employee (IE) on the CDC 128-G.	C	C	24
f. Witnesses on CDC 128-G.	C	C	24
g. The CDC 128-G notes yard group designation.	C	C	25

REVIEW STANDARD	REVIEW FINDING 10/07	REVIEW FINDING 10/08	PAGE NO.
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h. Cell Status.	C	C	25
i. Participation.	C	C	26
7. Classification Review.	C	C	26
8. Classification Staff Representative (CSR) Review.	C	C	27

III. ADMINISTRATION			
1. Training.	C	C	27
2. Institution Classification Committee (ICC).	C	C	28
3. Record of Disciplinary.	C	C	29
4. Post Orders-Firearms.	C	C	29
5. Post Order-Job-Site.	C	C	30
6. Post Order-Staff.	C	C	30
a. Signing of Post Orders.	C	C	31
b. Supervisor Inspection.	C	C	31
c. Post Order-Acknowledgment.	C	C	31
7. Protective Vests.	C	P/C	32

Review of Administrative Segregation and Due Process

Sierra Conservation Center

COMPARATIVE STATISTICAL SUMMARY CHART

OCTOBER 2007—OCTOBER 2008 REVIEW FINDINGS

RATING	TOTAL 10/07	RATING % 10/07	TOTAL 10/08	RATING % 10/08
COMPLIANCE	64	96%	59	95%
PARTIAL COMPLIANCE	3	4%	3	5%
NONCOMPLIANCE	0		0	
NOT RATABLE	3		0	
TOTAL	70	100%	62	100%

Formal Review of Administrative Segregation and Due Process

Sierra Conservation Center

SUMMARY OF FACILITIES REVIEWED

The SCC includes 205 Ad Seg beds in this Level I, II, III, and Camp Facility. At the time of this review, the Facility was housing 178 Ad Seg inmates.

For the purposes of the review, the CPRB toured the Ad Seg, reviewed unit records, and interviewed unit staff to determine the degree of compliance with established departmental policy, procedures, guidelines, and relevant court-established standards.

I

CONDITIONS OF SEGREGATED HOUSING

1. **Living Conditions.** In keeping with the special purpose of a segregated housing unit, and with the degree of security, control, and supervision required to serve that purpose, the physical facilities of special purpose segregated housing will approximate those of the general population.
(Authority cited: PC, Sections 2084, 5054, and 5058. Reference: CCR, Title 15, Sections 3343(a) and 3345; and DOM, Section 52080.33.)

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the physical facilities of SCC's Ad Seg approximates those of the general population.

- a. Housing units and all facilities therein will be properly maintained and regularly inspected to insure human decency and sanitation.
(Reference: CCR, Title 15, Section 3345.)

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that inmates housed in SCC's Ad Seg are provided a clean, properly maintained cell that approximates those of general population inmates. Telephonic repair requests are generated in the unit to Plant Operations when repairs are needed. General repairs are completed the same day. Emergency work requests and health and safety issues are completed immediately.

- b. Control of vermin and pests will be maintained by a regular inspection by the institutional vector control.
(Authority cited: Toussaint vs. McCarthy. Reference: CCR, Title 15, Section 3345.)

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that SCC's Ad Seg controls vermin and pests by maintaining a vector control schedule with Plant Operations. Regular inspections and pesticide applications provide for the control of vermin and pests. In the event of an infestation, Ad Seg staff notify Plant Operations and the situation is responded to immediately.

- 2. **Restrictions.** Whenever an inmate in Ad Seg is deprived of any usually authorized item or activity and the action and reason for that action is not otherwise documented and available for review by administrative and other concerned staff, a report of the action will be made and forwarded to the unit administrator as soon as possible.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(b); and DOM, Section 52080.33.1.)

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that unit staff utilize an Informational Chrono (CDC 128-B), to notice administration as required.

3. **Clothing.** No inmate in Ad Seg will be required to wear clothing that significantly differs from that worn by other inmates in the unit, except that temporary adjustments may be made in an inmates' clothing as is necessary for security reasons or to protect the inmate from self-inflicted harm. No inmate will be clothed in any manner intended to degrade the inmate.
(Authority cited: PC, Sections 2084 and 5058. Reference: CCR, Title 15, Section 3343(c); and DOM, Section 52080.33.2.)

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff and inmates.

The review revealed no instances wherein inmates housed in the Ad Seg were required to wear clothing that significantly differed from that worn by other inmates in the unit; nor were inmates clothed in a manner intended to degrade or humiliate.

4. **Meals.** Inmates assigned to Ad Seg, including special purpose segregated housing, will be fed the same meal and ration as is provided for inmates of the general population, except that a sandwich meal may be served for lunch. Deprivation of food will not be used as punishment.
(Authority cited: PC, Sections 2084 and 5058. Reference: CCR, Title 15, Section 3343(d); and DOM, Section 52080.33.3.)

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, reviewed unit documentation, examined meal menus, and interviewed unit staff and inmates.

The review revealed that inmates housed in the Ad Seg are receiving the same meals and rations as provided for the general population inmates. No examples of food deprivation were found in the unit.

Food items are prepared in the institutional kitchen and transported to Ad Seg in individual serving trays. Unit staff distribute the trays to the inmate population. Food temperatures are taken and logged by the Ad Seg Sergeant and meal sample reports are being utilized.

5. **Mail.** Inmates assigned to Ad Seg, including special purpose segregated housing, will not be restricted in their sending and receiving of personal mail, except that incoming packages may be limited in number, and in content, to that property permitted in the segregated unit to which an inmate is assigned.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Sections 3138 and 3343(e); and DOM, Section 52080.33.4.)

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that inmates housed in Ad Seg are not restricted from either sending or receiving personal mail, except those restrictions as defined in the CCR.

6. **Visits.** Inmates assigned to segregated housing, except for inmates assigned to security housing units (SHU), in accordance with Section 3341.5, shall be permitted to visit under the same conditions as are permitted inmates of the general population. Inmates assigned to SHUs shall be prohibited from physical contact with visitors.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(f); and DOM, Section 52080.33.5.)

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that all Ad Seg inmates are restricted to noncontact visits. The review team found the SCC Ad Seg visiting process to be in accordance with current departmental and institutional policy and procedures.

7. **Personal Cleanliness.** Inmates assigned to Ad Seg, including special purpose segregated housing, will be provided the means to keep themselves clean and well groomed.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(g); and DOM, Section 52080.33.6.)

- a. Showering and shaving will be permitted at least three times a week.

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that shower facilities exist in Ad Seg and on the exercise yard. Ad Seg inmates are provided the opportunity to shower

three times per week. Razors for shaving are provided during shower periods.

- b. Haircuts will be provided as needed.

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that haircutting equipment is provided, upon request, for use on the exercise yard.

- c. Clothing, bed linen, and other laundry items will be issued and exchanged no less often than is provided for general population inmates.

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that clothing, bed linen, and other laundry items are routinely issued upon reception in Ad Seg. These laundry items are exchanged on the same basis as general population.

- 8. **Exercise.** Inmates assigned to special purpose segregation housing will be permitted a minimum of one hour per day, five days a week, of exercise outside their rooms or cells unless security and safety considerations preclude such activity. When special purpose segregated housing units are equipped with their

own recreation yard, the yard periods may substitute for other out of cell exercise periods, providing the opportunity for use of the yard is available at least three days per week for a total of not less than ten hours a week.

(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(h).)

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the SCC Ad Seg provides controlled compatible, reintegrated mixed, and walk-alone yard group designations. All yard group designations are scheduled for three exercise periods per week, for three and one-half hours per period, for a minimum of ten hours per week.

9. **Reading Material.** Inmates assigned to Ad Seg, including special purpose segregated housing, will be permitted to obtain and possess the same publications, books, magazines, and newspapers, as are inmates of the general population, except that the quantity may be limited for safety and security reasons. Library services will be provided and will represent a cross-section of material available to the general population.

(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(i).)

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that Ad Seg inmates are provided library books on a weekly basis upon request. The librarian and unit staff distribute reading material weekly on Second and Third Watches.

10. **Rule Changes.** The Notice of Change to the CCR shall be posted and made available to all inmates and staff. Notices shall be posted in inmate housing units, corridors, and other areas easily accessible to inmates, and provided to inmate lock-up units. The Classification and Parole Representative shall ensure that the inmate population has knowledge of the Board of Prison Terms/Narcotic Addiction Evaluation Authority Rules and of amendments.
(Authority cited: PC, Sections 2080 and 5058(a). Reference: DOM, Sections 12010.5.8 and 12010.8.)

Findings

COMPLIANCE

The OAC review team toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that proposed changes, or changes to the Director's Rules, the DOM, ABs, and memorandums that affect the inmate population are conspicuously posted on a mobile bulletin board in the Institution Classification Committee (ICC) area.

11. **Telephones.** Institutions will establish procedures for the making of outside telephone calls by inmates in Ad Seg. Such procedures will approximate those for the work/training incentive group to which the inmate is assigned, except that individual calls must be approved by the supervisor in charge or the administrator of the unit before a call is made.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(j).)

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that SCC provides Ad Seg inmates telephone usage pursuant to CCR, Title 15, Section 3343(j). This includes emergency usage only.

12. **Institution Programs and Services.** Inmates assigned to segregated housing units will be permitted to participate and have access to such programs and services as can be reasonably provided within the unit without endangering the security or the safety of persons. Such programs and services will include, but are not limited to: education, commissary, library services, social services, counseling, religious guidance, and recreation.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(k).)

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that SCC provides programs to include commissary, library services, recreation, and spiritual counseling. In addition, religious publications are provided upon request.

13. **Visitation and Inspection.** Inmates assigned to Ad Seg, including special purpose segregated units, will be seen daily by the custodial supervisor in charge of the unit and by a physician, registered nurse, or medical technical assistant and, by request, members of the program staff. A timely response should be given to such requests wherever reasonably possible.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(l).)

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that a custody supervisor is assigned to Ad Seg on both Second and Third Watches. In addition, management staff are available for interviews prior to the ICC hearings and CDC 114-D segregation placement administrative reviews. The Facility Program

Sergeant tours the unit during First Watch to ensure any emergency is properly addressed. Medical/psychiatric staff are assigned to the unit during Second and Third Watches passing out medication, collecting sick call slips, and screening for medical and mental health needs.

- a. The custodial officer in charge of a disciplinary detention unit, segregation unit, or SHU, where inmates are segregated for disciplinary or administrative purposes, will ensure that inmates needing medical attention receive it promptly.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3345.)

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that medical/psychiatric staff are assigned to the unit on Second and Third Watches. First Watch medical emergencies are responded to by the medical staff assigned to the Facility clinic. The general medical treatment line is conducted on Friday.

14. **Management Cells.** Inmates assigned to segregated housing, who persist in disruptive, destructive, and dangerous behavior and will not heed or respond to orders and warnings to desist, are subject to placement in a management cell, as provided in CCR, Title 15, Section 3332(f).
(Authority cited: PC, Sections 2601(d), 5054, and 5058. Reference: CCR, Title 15, Section 3343(m).)

- a. An inmate who persists in unduly disruptive, restrictive, or dangerous behavior and who will not heed or respond to orders and warnings to desist from such activity, may be placed in a management cell on an order of the unit's administrator or, in his or her absence, an order of the watch commander.

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that SCC had one inmate on management cell status during this review period. The review team noted that SCC has a current policy that addresses management cell procedures. Facility practice is consistent with this policy.

- b. In addition to any necessary incident or disciplinary reports, the matter will be reported to the Warden, Superintendent, Chief Disciplinary Officer, or Administrative Officer of the Day (AOD), one of whom will review management cell resident status daily.

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that SCC had one inmate on management cell status during this review period. The review team noted that SCC has a current policy that addresses management cell procedures. Facility practice is consistent with this policy.

- c. An inmate, who requires management cell placement for longer than 24 hours, will be considered for transfer to a psychiatric management unit or other housing appropriate to the inmate's disturbed state.
(Reference: CCR, Title 15, Section 3332(f); and DOM, Section 52080.22.4.)

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that SCC had one inmate on management cell status during this review period. The review team noted that SCC has a current policy that addresses management cell procedures. Facility practice is consistent with this policy.

15. **Access to the Courts.** Inmates confined in Ad Seg for any reason will not be limited in their access to the courts. If an inmate's housing restricts him or her from going to the inmate law library, arrangements will be made to deliver requested and available library material to the inmate's quarters.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3164(a) and (d); DOM, Section 53060.10; and Toussaint v. Gomez.)

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff and inmates.

The review revealed SCC's Ad Seg provides direct and paging access to a law library. Inmates submit written requests for law library services. These requests are collected weekly and submitted to the librarian for scheduling of law library access. These requests are processed and access times for inmates requesting service are established. Preferred legal users and inmates with court deadlines receive priority access.

16. **Ad Seg Log.** A CDC 114 will be maintained in each Ad Seg, including special purpose segregated units. One CDC 114 may serve two or more special purpose units, which are administered and supervised by the same staff members.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3344(a); and DOM, Section 52080.22.5.)

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff.

The review revealed that a CDC 114 is maintained within the unit. All entries are appropriately recorded in accordance with departmental policy and procedures.

17. **Isolation/Segregation Record.** A separate record will be maintained for each inmate assigned to Ad Seg, including special purpose segregated units. This record will be compiled on a CDC 114-A and a CDC 114-A1.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3344(b); DOM, Section 52080.22.5; and IB 98/27.)
- a. All significant information relating to the inmate during the course of segregation, from reception to release, will be entered on the CDC 114-A in chronological order.

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff.

The review revealed that a CDC 114-A is maintained for each inmate assigned to the Ad Seg. The CDC 114-As were found to contain significant information, in chronological order, relating to the inmate during the course of segregation. However, exercise was not consistently documented as required.

- b. The CDC 114-A1 documents the inmate's current yard group designation.

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff.

The review team reviewed a random sample of 20 CDC 114-A1s. Of the 20 CDC 114-A1s reviewed, 1 was not ratable as the inmate had not yet been to ICC. Each (100 percent) of the 19 ratable CDC 114-A1s documented the inmate's current yard group designation.

- c. The CDC 114-A1 documents the inmate's special information.

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff.

The review revealed that each (100 percent) of the 20 randomly selected CDC 114-A1s reviewed documented the inmate's special information.

- d. The CDC 114-A1 will be maintained in the segregation log and be updated as new information is obtained. The Segregation Officer shall begin a new CDC 114-A1 at least every 90 days or at anytime this form becomes difficult to read.

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff.

The review revealed that in a random sample of 20 CDC 114-A1s reviewed, 9 were not ratable as the inmate had not been on Ad Seg status for a period of time long enough to require a 90-day update. Of the 11 ratable CDC 114-A1s, 10 (91 percent) documented a 90-day update as required. The 1 remaining CDC 114-A1 was not updated as required.

18. **Safety.** Each Warden and Superintendent must have in effect, at all times, a plan approved by the Director for meeting emergencies delineated and required by the California Emergency Services Act of 1970.

(Authority cited: PC, Sections 5454 and 5458. Reference: CCR, Title 15, Sections 3302(b)(4) and 3303(a)(4); and DOM, Sections 52090.1, 2, 5, 6.1, 7, and 52090.19.)

- a. Institution heads shall maintain procedures for fire prevention and suppression. Fire protection practices and departmental policy mandate that all employees be instructed and trained concerning their duties and responsibilities should it become necessary to conduct an emergency evacuation for any fire or life threatening condition.

(Reference: CCR, Title 15, Section 3303(a); and DOM, Section 2090.19.)

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff.

The review revealed that SCC's Ad Seg maintains a written policy which specifies the unit's fire prevention regulations and practices.

- b. Staff and inmates shall be familiar with fire evacuation routes, exits, and procedures. An evacuation drill shall be conducted quarterly on each watch. Where such drills would jeopardize personal safety or facility security, staff shall conduct a walk-through of the procedure. Such walk-through drills shall be monitored by the area supervisor to ascertain that actual evacuation could be accomplished as required.

(Reference: CCR, Title 15, Section 3303(a); and DOM, Section 52090.19.)

Findings

PARTIAL COMPLIANCE

The CPRB m toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff.

The review revealed that staff are trained with emergency evacuation plan procedures and evacuation routes are conspicuously posted within the unit. However, documentation was not present to support that quarterly simulated emergency fire drills, under varied conditions, are being conducted during all three watches. Of the 12 required fire drills, 9 (75 percent) were conducted as required.

- c. At the conclusion of fire drills, the area supervisor shall complete a Fire Drill Report indicating the necessary information and forward a copy to the Fire Chief.
(Reference: CCR, Title 15, Section 3303(a)(4); and DOM, Section 52090.19.)

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff.

The review revealed that when quarterly simulated emergency fire drills are conducted, Fire Drill Reports are being completed and forwarded to the Fire Chief as required.

II

DUE PROCESS

Procedural safeguards essential for effective transfers of prisoners from the general prison population to a maximum-security unit in order to segregate such prisoners for administrative reasons or purposes.

1. **Authority.** Authority to order an inmate to be placed in Ad Seg, before such action is considered and ordered by a classification hearing, may not be delegated below the staff level of Correctional Lieutenant, except when a lower level staff member is the highest ranking official on duty.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3336; and DOM, Section 52080.25.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in SCC's Ad Seg.

Of the 30 records reviewed, 29 (97 percent) contained documentation on the CDC 114-D to confirm the level of the official ordering segregation placement was at the Correctional Lieutenant level or higher. The 1 remaining record documented a Sergeant signed for a Lieutenant.

2. **Written Notice.** The reason for ordering an inmate's placement in Ad Seg will be clearly documented on a CDC 114-D by the official ordering the action at the time the action is taken.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3336(a); DOM, Section 52080.25; and IB 98/27.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in SCC's Ad Seg.

Each (100 percent) of the 30 records reviewed contained a clearly stated date and reason(s) for placement on the CDC 114-D.

3. **Receipt of CDC 114-D.** A copy of the CDC 114-D with the "order" portion of the form completed, will, if practical, be given to the inmate prior to placement in Ad Seg, but not later than 48 hours after such placement.
(Authority: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3336(d) and 3339(b)(1); and DOM, Section 52080.25.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in SCC's Ad Seg.

Of the 30 records reviewed, 29 (97 percent) contained documentation that indicated the inmates were given a copy of the CDC 114-D within 48 hours of placement. The 1 remaining record documented the receipt of the CDC 114-D was one day late.

4. **Confidential Material.** Documentation given the inmate concerning information from a confidential source shall include an evaluation of the source's reliability, a brief statement of the reason for the conclusion reached, and a statement of the reason why the information or source is not disclosed.
(Authority: PC, Sections 2081.5, 2600, 2601, 5054, and 5058. Reference: CCR, Title 15, Section 3321(b)(2); and DOM, Sections 52080.27.4 and 61020.9.)

Findings

PARTIAL COMPLIANCE

The CPRB examined 30 central files of inmates housed in SCC's Ad Seg.

Of the 30 records reviewed, 27 were not ratable as the reason for placement was not based on confidential information. Of the 3 ratable records, 2 (67 percent) contained an appropriate CDC 1030 issued within the required time frames. The 1 remaining record did not contain a CDC 1030.

5. **Review.** On the first workday following an inmate's placement in Ad Seg, designated staff at not less than the level of Correctional Captain will review the order portion of the CDC 114-D. If retention in Ad Seg is approved at this review, the following determinations will be made at this level.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3337.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in SCC's Ad Seg.

Of the 30 records reviewed, 27 (90 percent) contained documentation of a placement review by a Captain within the first working day following the inmate's placement in Ad Seg. Of the 3 remaining records, 2 documented a late Captain's review (2-3 days late) and 1 record documented a late countersignature by an Associate Warden (99 days late) when the review was conducted by an acting Captain.

- a. Determine the appropriate assignment of staff assistance.
(Reference: CCR, Title 15, Section 3337(a).)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in SCC's Ad Seg.

Of the 30 records reviewed, 29 (97 percent) contained documentation of a determination for the assignment of a SA/IE. The 1 remaining record left the IE section incomplete.

- b. Determine the inmate's desire to call witnesses or submit other documentary evidence. If the inmate requests the presence of witnesses or submission of documentary evidence at the classification hearing on the reason or need for retention in segregated housing, an IE will be assigned to the case. A request to call witnesses must be submitted in writing by the inmate.

(Reference: CCR, Title 15, Section 3337(b).)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in SCC's Ad Seg.

Of the 30 records reviewed, 29 (97 percent) contained documentation regarding the need for witnesses. The 1 remaining record did not mark the "no witnesses requested" box, but rather wrote "none" across the section where the witness names should be entered.

- c. Determine if the inmate has waived the 72-hour time limit in which a classification hearing cannot be held, as indicated on the CDC 114-D, or the inmate desires additional time to prepare for a classification hearing.

(Reference: CCR, Title 15, Section 3337(c).)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in SCC's Ad Seg.

Of the 30 records reviewed, 29 (97 percent) contained documentation that the inmate made a determination regarding the 72-hour time limit or had refused to sign the waiver section. The 1 remaining record left this section blank.

- d. Determine the most appropriate date and time for a classification hearing based upon the determination arrived at under Section 3337(a), (b), and (c), and the time limitations prescribed in CCR, Title 15, Section 3338.
(Reference: CCR, Title 15, Section 3337 (d).)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in SCC's Ad Seg.

Each (100 percent) of the 30 records reviewed contained documentation that the hearing time constraints were appropriate based on the inmate's request.

- e. Decision to retain in Ad Seg or release to unit/facility.

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in SCC's Ad Seg.

Each (100 percent) of the 30 records reviewed contained documentation that a decision was made to retain or release the inmate based on the administrative review.

6. **Classification Hearing.** An inmate's placement in temporary segregation shall be reviewed by the ICC within ten days of receipt in the unit.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3335(c), 3338(a), (b), (c), (d), (g), (h), and (i), 3375, and 3339 (b) (2); and DOM, Sections 52080.27.4 and 62010.9.1.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in SCC's Ad Seg.

Each (100 percent) of the 30 records reviewed contained documentation of an ICC review within ten days of an inmate's placement in Ad Seg.

- a. The determinations arrived at in the classification hearing will be documented on the CDC 128-G. Such documentation will include an explanation of the reason and the information and evidence relied upon for the action taken. The inmate will also be given copies of all completed forms and of all other documents relied upon in the hearing, except those containing confidential information.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3338(i), 3375(g), and (h); and DOM, Sections 52080.27.4 and 62010.9.1.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in SCC's Ad Seg.

Of the 30 records reviewed, 3 were not ratable as ICC had been held so recently, the CDC 128-G had not yet been typed. Of the 27 ratable records,

26 (96 percent) contained documentation of the determinations arrived at during the ICC on the CDC 128-G. The 1 remaining record contained conflicting information regarding cell status on the CDC 128-G.

- b. Was the hearing date recorded on the CDC 128-G?
(Reference: CCR, Title 15, Section 3375(g)(9); DOM, Section 62010.9.1.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in SCC's Ad Seg.

Of the 30 records reviewed, 3 were not ratable as ICC had been held so recently, the CDC 128-G had not yet been typed. Each (100 percent) of the 27 ratable records contained properly documented hearing dates on the CDC 128-G.

- c. Was the inmate's presence at the hearing documented on the CDC 128-G?
(Reference: CCR, Title 15, Sections 3338(c) and 3375(g)(5); and DOM, Section 52080.27.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in SCC's Ad Seg.

Of the 30 records reviewed, 3 were not ratable as ICC had been held so recently, the CDC 128-G had not yet been typed. Each (100 percent) of the 27 ratable records contained documentation to verify the inmate's presence or absence at the hearing on the CDC 128-G.

- d. Were the Hearing Officers identified on the CDC 128-G?
(Reference: CCR, Title 15, Sections 3375(g)(6-8); DOM, Section 62010.9.1.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in SCC's Ad Seg.

Of the 30 records reviewed, 3 were not ratable as ICC had been held so recently, the CDC 128-G had not yet been typed. Each (100 percent) of the 27 ratable records identified the Hearing Officers on the CDC 128-G.

- e. If appropriate, were the SA and the IE identified in the CDC 128-G?
(Reference: CCR, Title 15, Section 3338(c)(i); and DOM, Section 62010.9.1.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in SCC's Ad Seg.

Of the 30 records reviewed, 29 were not ratable as the need for a SA/IE was properly documented on the CDC 114-D. The 1 (100 percent) ratable record contained documentation regarding the SA/IE on the CDC 128-G when this information was not otherwise properly documented on the CDC 114-D.

- f. If appropriate, was the witness portion addressed in the CDC 128-G?
(Reference: CCR, Title 15, Sections 3338(h) and (i); and DOM, Section 52080.27.3-.4.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in SCC's Ad Seg.

Of the 30 records reviewed, 29 were not ratable as the need for witnesses was properly documented on the CDC 114-D. The 1 (100 percent) ratable record contained documentation regarding the need for witnesses on the CDC 128-G when this information was not otherwise properly documented on the CDC 114-D.

- g. The completed CDC 128-G contains the yard group designation arrived at during the classification hearing.
(Reference: CCR, Title 15, Section 3338(i); DOM, Section 52080.27.4; and IB 98/27.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in SCC's Ad Seg.

Of the 30 records reviewed, 3 were not ratable as ICC had been held so recently, the CDC 128-G had not yet been typed. Each (100 percent) of the 27 ratable records contained documentation regarding the inmate's yard group designation on the CDC 128-G.

- h. The completed CDC 128-G documents the inmate's current cell status (single or double celled).
(Reference: CCR, Title 15, Section 3338(i); DOM, Section 52080.27.4; and IB 97/27.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in SCC's Ad Seg.

Of the 30 records reviewed, 3 were not ratable as ICC had been held so recently, the CDC 128-G had not yet been typed. Each (100 percent) of the 27 ratable records contained documentation regarding the inmate's current cell status on the CDC 128-G.

- i. The completed CDC 128-G documents the inmate's participation during committee and their agreement or disagreement with the ICC's action.
(Reference: CCR, Title 15, Sections 3338(i) and 3375(f)(2-6); and DOM, Section 52080.27.4.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in SCC's Ad Seg.

Of the 30 records reviewed, 3 were not ratable as ICC had been held so recently, the CDC 128-G had not yet been typed. Each (100 percent) of the 27 ratable records contained documentation of the inmate's participation with the ICC on the CDC 128-G.

7. **Classification Review.** Instead of ICC reviewing each inmate's case every 30 days, inmates in Ad Seg for nondisciplinary reasons shall require routine review no more frequently than every 90 days or when scheduled by staff for specific action. Inmates segregated for disciplinary reasons shall be reviewed by ICC at least every 180 days or when scheduled by staff for specific action.
(Authority cited: Larry Witek memorandum of interim action dated November 20, 2001, Ad Seg Classification Review.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in SCC's Ad Seg.

Of the 30 records reviewed, 14 were not ratable as the inmates had not been on Ad Seg status long enough to require a follow-up review. Each (100 percent) of the 16 ratable records contained documentation of an ICC review as appropriate.

8. **CSR Review.** All inmates retained in Ad Seg at their ten-day Ad Seg hearing shall be referred to the CSR for retention authorization at that initial review.
(Authority cited: Larry Witek memorandum of interim action dated November 20, 2001, Ad Seg Classification Review.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in SCC's Ad Seg.

Each (100 percent) of the 30 records reviewed contained documentation that indicated the cases had been referred to a CSR as appropriate.

III

ADMINISTRATION

1. **Training.** All staff working in specialized units are to receive specialized training centering around that unit's operation and program.
(Authority cited: PC, Sections 830.5, 832, 5054, 5058, 13600, and 13601. Reference: DOM, Section 32010.14.5.)

Findings

COMPLIANCE

The CPRB interviewed In-Service Training staff and examined the training records of all Ad Seg staff assigned to the unit for one year or more.

The review revealed that 24 custody staff have been assigned to Ad Seg for one year or more. These 24 staff members are each required to have received 11 specialized training classes. Each (100 percent) of the 264 required specialized training classes have been taken.

2. **ICC.** The ICC shall consist of:

- Warden or Regional Parole Administrator, or Deputy Warden or Assistant Regional Parole Administrator (chairperson);
- Correctional Administrator or Parole Administrator III (alternate Chairperson);
- Psychiatrist or Physician;
- Facility Captain;
- Correctional Captain;
- A CC III or Parole Agent III, or CC II or Parole Agent II (Committee Recorder);
- Assignment Lieutenant;
- Educational or Vocational Program Representative; and
- Other Staff as required.

(Authority cited: PC, Section 5054 and 5058. Reference: CCR, Title 15, Section 3376(c)(2); and DOM, Section 62010.8.2.)

Findings

COMPLIANCE

The CPRB examined 30 central files and reviewed CDC 128-Gs.

The review revealed that the composition of the ICC was in compliance with this standard.

3. **Record of Disciplinary.** All institutions will maintain a Register of Institution Violations. A Register of Institution Violations is a compilation of one completed copy of each rule violation report issued at a facility, maintained in chronological order.
(Authority cited: PC, Sections 2081, 5054, and 5058. Reference: CCR, Title 15, Sections 3326(a)(1-2); and DOM, Section 52080.15.1.)

Findings

COMPLIANCE

The CPRB interviewed appropriate staff and examined the Disciplinary Log and Register of Institutional Violations.

The review revealed that the Institution maintains a Register of Institutional Violations, which meets the basic requirements of DOM. A tracking system is utilized to follow each disciplinary log number and adjudicated Rules Violation Report.

4. **Post Order-Firearms.** Detailed instructions regarding the use of firearms shall be contained in the post orders of armed posts and shall be issued to staff that may regularly be required to use firearms in the course of their duties.
(Authority cited: PC, Sections 830, 832.5, 5054, and 5058. Reference: DOM, Section 55050.4.)

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff.

The review revealed that there are four identified gun posts (one yard gun and three control) that require use of force policies be addressed as part of the post orders. Each (100 percent) of the four armed posts directed the

staff member to read, understand, and become familiar with the departmental Use of Force Policy, CCR, Section 3268.

5. **Post Order-Job-Site.** A copy of the post order shall be provided for every post and a copy shall be physically located at each job-site.
(Authority cited: PC, Sections 5054 and 5058. Reference: DOM, Section 51040.6.)

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff.

The review revealed that a current copy of the post order is provided at the job-site for each (100 percent) of the 27 Ad Seg posts.

6. **Post Order-Staff.** Supervisors, by authority of the Correctional Captain or area Manager, shall ensure that employees read and understand their post orders upon assuming their post.
(Authority cited: PC, Sections 5054 and 5058. Reference: DOM, Section 51040.6.1.)

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff.

The review revealed that the unit supervisors ensure that custodial staff assigned to Ad Seg read and understand their post order upon assuming their post.

- a. Employees under post orders are required to sign and date the Post Order Acknowledgment Form (CDC 1860), verifying their understanding of the duties and responsibilities of the post. This shall be completed when the employee is assigned to the post, when the post order has been revised, or upon returning from an extended absence.

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff.

The review revealed there are 43 identified staff who are assigned to 27 Ad Seg posts. Of the 51 required signatures, 46 (90 percent) were present acknowledging the understanding of the post orders.

- b. At a minimum of once each month, supervisors shall inspect the post orders and sign the CDC 1860. Any torn or missing pages noted shall be replaced as soon as practical.

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff.

The review revealed that the custodial supervisors assigned to Ad Seg inspect the CDC 1860 on a monthly basis.

- c. A CDC 1860 shall be attached to each post order and shall be utilized to verify that the assigned staff member has read and understood the post orders for their post. Post order acknowledgment forms shall be kept for a period of one year from the date of last entry unless deemed evidentiary (then retained until no longer needed).

(Authority cited: PC, Sections 5054 and 5058. Reference DOM, Section 51040.6.2.)

Findings

COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff.

The review revealed that SCC utilizes a CDC 1860 to allow the staff member to verify, by signature, that they have read and understand the order for the post and this is then countersigned by the supervisor. Each (100 percent) of the 27 post orders contained the current acknowledgment sheet.

7. **Protective Vests.** All CDCR employees, regardless of personnel classification, entering a SHU, Special Management Program, Ad Seg, Temporary Detention Unit, Condemned Housing Unit, Psychiatric Services Unit, or Special Behavioral Treatment Program, shall wear a Stab Resistant Vest when the employee is:
- In direct contact with inmates/wards/patients within the aforementioned units (unrestrained or restrained).
 - Escorting inmates/wards/patients housed within the aforementioned units anywhere on institution grounds.
 - On the aforementioned unit tiers.
- (Authority cited: DOM, Section 33020.16.2.)**

Findings

PARTIAL COMPLIANCE

The CPRB toured SCC's Ad Seg, examined unit documentation, and interviewed unit staff.

The review revealed that not all staff wear a protective vest while in the Ad Seg as required. The review team observed staff members representing medical, mental health service, maintenance, and counseling that were not wearing a vest while in Ad Seg.

Review of Administrative Segregation and Due Process

Sierra Conservation Center

GLOSSARY

AB	Administrative Bulletin
Ad Seg	Administrative Segregation Unit
AOD	Administrative Officer of the Day
CC	Correctional Counselor
CCR	California Code of Regulations
CDCR	California Department of Corrections and Rehabilitation
CDC 114	Isolation Log Book
CDC 114-A	Isolation/Segregation Profile
CDC 114-A1	Inmate Segregation Profile
CDC 114-D	Administrative Segregation Unit Placement Notice
CDC 128-G	Informational Chrono
CDC 1030	Confidential Information Disclosure Form
CDC 1860	Post Order Acknowledgment Form
CPRB	Compliance/Peer Review Branch
CSR	Classification Services Representative
DOM	Department Operations Manual
IB	Information Bulletin
IE	Investigative Employee
ICC	Institution Classification Committee
PC	California Penal Code
SA	Staff Assistant
SCC	Sierra Conservation Center
SHU	Security Housing Unit

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS AND RECOMMENDATIONS

BUSINESS SERVICES

SIERRA CONSERVATION CENTER

OCTOBER 20 THROUGH OCTOBER 31, 2008

PRELIMINARY

CONDUCTED BY
THE AUDITS BRANCH



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**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

SIERRA CONSERVATION CENTER

INTRODUCTION

The California Department of Corrections and Rehabilitation's (CDCR), Office of Audits and Compliance (OAC), Audits Branch, conducted an audit of Business Services at Sierra Conservation Center (SCC). The purpose of the audit was to analyze and evaluate the level of compliance with State, federal, and departmental policies, procedures, rules, regulations, operational objectives, and guidelines. The following areas were audited:

- Personnel Transactions;
- Classification and Pay;
- Delegated Testing;
- Food Services;
- Payroll/Accounting;
- Position Control;
- Procurement;
- Materials Management (i.e., Warehouses and Property);
- Plant Operations;
- Inmate Trust Accounting;
- Environmental Health and Safety;
- Occupational Health and Safety; and
- Follow-up to the May 2008 Food Facility Inspection that was performed by the Office of Risk Management.

The fieldwork was performed during the period of October 20 through October 31, 2008. The exit conference was held on October 31, 2008.

René Francis, Certified Government Financial Manager, supervised the audit. Management Auditors Annette Sierra, Deborah Brannon, Michael Robinson, Naomi Banks and Saihra Posas conducted the audit. In addition, Doug Chaffer, Associate Hazardous Materials Specialist, Avenal State Prison, Michael Wagner, Correctional Plant Manager I (A), California Rehabilitation Center, Eloda White, Associate Personnel Analyst, Central Office, provided subject matter expertise. Patricia Weatherspoon, Senior Management Auditor provided second line supervision and review. Richard C. Krupp, Assistant Secretary of the OAC, provided executive management oversight.

The audit consisted of an entrance conference, review of prior reports, test of transactions, interviews, observations, periodic management briefings, an exit conference, and issuance of the preliminary audit report.

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

SIERRA CONSERVATION CENTER

AUDIT SCOPE

The scope of the audit encompasses the examination and evaluation of the adequacy and effectiveness of SCC's system of management control and compliance with applicable policies, procedures, rules, and regulations. The audit period may include prior fiscal years if deemed necessary. The control objectives include, but are not limited to the following:

- State assets are safeguarded from unauthorized use or disposition;
- Transactions are executed in accordance to management's authorizations;
- Transactions are executed in accordance with applicable rules and regulations;
- Transactions are recorded correctly to permit the preparation of financial and management reports; and
- Programs are working efficiently and effectively.

In order to determine the adequacy of the control systems and level of compliance with State, federal, and departmental fiscal procedures, the audit team performed the following audit procedures:

- Examined evidence on a test basis supporting management's assertions;
- Performed detailed analyses of documentation and transactions;
- Interviewed Facility staff;
- Made inspections and observations;
- Performed group discussions of the overall impact of deficiencies; and
- Discussed deficiencies with supervisors and management throughout the audit process.

SYMPTOMS OF CONTROL DEFICIENCIES

Experience has indicated that the existence of one or more of the following danger signals will usually be indicative of a poorly maintained or vulnerable control system. These symptoms may apply to the organization as a whole or to individual units or activities. Department heads and managers should identify and make the necessary corrections when warned by any of the danger signals listed below:

- Policy and procedural or operational manuals are either not currently maintained or are nonexistent;
- Lines of organizational authority and responsibility are not clearly articulated or are nonexistent;
- Financial and operational reporting is not timely and is not used as an effective management tool;
- Line supervisors ignore or do not adequately monitor control compliance;
- No procedures are established to assure that controls in all areas of operation are evaluated on a reasonable and timely basis;
- Internal control weaknesses detected are not acted upon in a timely fashion; and
- Controls and/or control evaluations bear little relationship to organizational exposure to risk of loss or resources.

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

SIERRA CONSERVATION CENTER

CORRECTIVE ACTION PLAN

SCCs corrective action plan (CAP) is due within 30 days of receipt of the preliminary audit report. See Attachment A for a sample of the format.

The CAP is designed to document the institution's plan to fully resolve the audit findings. It includes a brief description of the audit finding, the classification of the personnel directly responsible for resolving the finding(s), their telephone number and/or extension, a brief description of the proposed action and the anticipated date of completion.

Please e-mail your completed CAP to Alberto.Caton@cdcr.ca.gov and Rose.Mitjans@cdcr.ca.gov. Send the original to Alberto Caton, OAC, P.O. Box 942883, Sacramento, CA 95811-7243.

If you need additional time to prepare your CAP, please contact Alberto Caton, Correctional Administrator at (916) 255-2717.

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

SIERRA CONSERVATION CENTER

EXECUTIVE SUMMARY

The Audits Branch conducted an audit of the Business Services at SCC during the period of October 20 through October 31, 2008. The purpose of the audit was to determine the level of compliance with State, federal, and departmental rules, regulations, policies, and procedures. Prior to this audit the Audits Branch conducted an audit from April 18 through June 2, 2006. Unresolved findings are identified in this report as "Prior Finding".

An exit conference was held on October 31, 2008, with the Warden, Chief Deputy Warden and Business Services. The Audits Branch requested that SCC provide a CAP within 30 days after receipt of the preliminary audit report.

Areas audited:

- Personnel Transactions;
- Classification and Pay;
- Delegated Testing;
- Food Services;
- Payroll/Accounting;
- Position Control;
- Procurement;
- Materials Management (i.e., Warehouses and Property);
- Plant Operations;
- Inmate Trust Accounting;
- Environmental Health and Safety;
- Occupational Health and Safety; and
- Follow-up to the May 2008 Food Facility Inspection performed by the Office of Risk Management.

Thirty-two findings are identified in the preliminary audit report, categorized under the following topics:

Category	Number of Findings	Page Number
Administrative Concerns	1	1
Health and Safety	4	1
Internal Control	7	4
Late Detection and Additional Workload	18	8
Training	1	19
Follow up to May 2008 Food Facility Inspection	1	19
Total	32	

The executive summary provides the category, a brief description of the finding, criteria, impact, and prior finding, if applicable.

It should be noted that turnover in the area of Business Services over the past 12 months is as follows: Personnel (52 percent), Accounting (40 percent), Procurement (38 percent), Plant Operations (28 percent), and Food Services (13 percent).

I. ADMINISTRATIVE CONCERNS

A. Personnel Transactions

SCC has more positions than authorized by the Governors Budget and the Department of Finance. Currently, there are 35 Correctional Officers paid out of the 918 Blanket and the Institution has no vacant full-time positions. In addition, there is a possible deactivation that may eliminate 15 Correctional Officer positions. Also, there is a .5 position paid out of personnel that is not funded. State Administrative Manual (SAM).

Impact: This issue over expends the budget authority by approximately \$464,291.

II. HEALTH AND SAFETY

A. Occupational Health and Safety

Safety meetings (i.e., tailgates) are not conducted for each maintenance section at least every ten days and written minutes taken. The Audits Branch tested ten trades shops (i.e., main and Tuolumne yards) 60 percent of the shops tested did not conduct and document safety meetings consistently. California Code of Regulations (CCR), Title 8

Impact: This condition suggests that safety issues may not be emphasized and discussions documented in a consistent manner. Also, Plant Operations is not maintaining an effective Injury and Illness Prevention Plan (IIPP).

Personal Protective Equipment (PPE) signage for all electrical lathes, drills and grinders are not posted on or near each machine. Additionally, the exit signs are not illuminated or are nonexistent for each exit. Ten shops were inspected and 40 percent of the shops inspected did have the correct signage. CCR and SCC's IIPP.

Impact: This condition could result in serious injuries to staff.

B. Environmental Health and Safety

There are deficiencies related to Material Safety Data Sheets (MSDS) and chemical inventory at 18 locations. See Attachment B for specifics. Department Operations Manual (DOM).

Impact: This issue could result in difficulty responding to emergencies and tracking chemicals.

There are four 55-Gallon drums, containing chlorine, a neutralizer, a caustic called break-up and laundry detergent. These drums are connected to an injection system which consists of hoses, Polymerized Vinyl Chloride (PVC) manifolds and metal valves that injects these chemicals into individual machines. The PVC and the valves have had many repairs made by Plant Operations and is continuously leaking chemicals at various locations throughout the injection system. The system is in serious need of replacement and is beyond any further repair. SCC's Operational Procedure (OP) and DOM.

Impact: This condition may result in a substantial spill and could involve fines by CAL/OSHA and the Environmental Protection Agency (EPA).

III. INTERNAL CONTROL

A. Materials Management/Non-Drug Medical Supplies

The Materials and Stores Supervisor (M&SS) II, Correctional Facility (CF) in charge of Non-Drug Medical Supplies, orders, obtains price quotes, prepares form 5s, maintains inventory, conducts a count of inventory, spot checks, and reports theft. SAM.

Impact: This condition may result in late detection of errors, irregularities, theft, and/or misappropriation.

Controls over inventory maintained for Non-Drug Medical Supplies are inadequate. Physical inventories and reconciliations are not performed and spot checks are not conducted. Lastly, there is no adjustment documents prepared for management review. For example, the M&SS II, CF does not have access to the State Logistics and Materials Management (SLAMM) system, data is not posted; therefore, stock records are not maintained current. DOM and SAM.

Impact: This condition may result in late detection of errors, irregularities, theft, and/or misappropriation.

B. Materials Management/Maintenance Warehouse

Controls over inventory maintained in the Maintenance Warehouse are inadequate. Physical inventories and reconciliations are not performed and spot checks are not conducted. Lastly, there is no adjustment documents prepared for management review. For example, a spot check was conducted and five items out of nine items tested (55 percent) did not reconcile to the SLAMM Master File Report. In addition, there was one item that could not be found in the report. DOM and SAM.

Impact: This condition may result in late detection of errors, irregularities, theft, and/or misappropriation.

C. Property

A spot check of property inventory was conducted; the property at two of the three locations tested did not reconcile to the property inventory report. Discrepancies were noted in Food Services and Personnel. In both locations, property such as,

fax machines, monitors, computers, printers, and calculators are tagged but not listed on the inventory report. SAM.

Impact: This condition may result in late detection of errors, irregularities, theft, and/or misappropriation.

D. Inmate Trust Accounting

Bank reconciliations are not always prepared 30 days after the close of the month. For example, during the eight month test period, the bank reconciliations were prepared 26 to 139 days after the close of the month. Additionally, 50 percent of the bank reconciliations reviewed did not have the reviewer and preparer's signatures. SAM.

Impact: This condition may result in late detection of errors and/or irregularities.

E. Payroll/Personnel

Separation of duties is inadequate over the distribution of payroll when four paymasters are also unit timekeepers who distribute salary warrants. SAM.

Impact: This issue could result in late detection of errors and/or irregularities.

The SCC's Warrant Release form does not have an authorizing signature block. This form authorizes the Accounting Office to release warrants to employees for various payments (e.g., master pay, overtime, miscellaneous payments). The form also directs the accounting office to mail warrants, return warrants to the State Controllers Office (SCO), hold warrants, and clear a salary advance or an accounts receivable. SAM.

Impact: This condition may result in an unauthorized person manipulating the disposition of warrants and cover up a possible irregularity in payments.

IV. LATE DETECTION AND ADDITIONAL WORKLOAD

A. Plant Operations

Documented testing and maintenance of the emergency generators is inadequate. There are several deficiencies related to managing emergency generators. For example:

- There are no local operating procedures establishing standardized procedures and or direction for the testing and maintenance of emergency generators.
- Batteries maintained at the switch gear room are not equipped to withstand seismic forces.
- Program areas responsible for maintaining logs do not collaborate to maintain records.
- The National Fire Protection Association (NFPA) standards are not complied with regarding monthly testing.
- Record keeping is not maintained in accordance with the conditions of the permit to operate.

- The asset history reports for emergency generators number 160000013551 and 16000001350 contain information not related to testing and maintenance. NFPA and Institution Maintenance Unit (IMU).

Impact: These issues make it difficult to determine and validate that emergency generators are tested timely and properly maintained.

The Audits Branch noted the following deficiencies regarding the cross-connection program (i.e., backflow):

- The master list does not reconcile to asset history reports from the Facility Center data base.
- It could not be determined whether backflow devices that failed were tested and subsequently repaired or surveyed.
- There is no published cross-connection schedule for 2008.
- It could not be determined whether all backflow devices are tested on an annual basis. California Plumbing Code (CPC).

Impact: These issues result in difficulty determining whether backflow tests have been performed.

The maintenance of the heating, ventilation, and air conditioning (HVAC) is inadequate. For example, although maintenance is required quarterly on HVAC in seven locations, there has been only 28 percent documentation of maintenance during 2008. Departmental Plant Operations Maintenance Procedures Manual (DPOMPM) and Standard Automated Preventive Maintenance System (SAPMS).

Impact: This practice may render the preventive maintenance (PM) program ineffective, decrease efficiency, increases downtime, and may result in additional costs.

Trades staff are not preparing Equipment Maintenance Data Summary Sheets when a new piece of equipment is installed. It was noted that 72 percent of equipment tested in Food Services did not have identifiers. DPOMPM and SAPMS.

Impact: This condition results in difficulty identifying assets, reports and inventories may be inaccurate, equipment not tagged, and PM schedules are not established.

It was noted that the methods of a PM program are not being adhered to. For example:

- A PM program is not adhered to in the Main Kitchen.
- Equipment/assets are not always clearly identified with the standard equipment code.
- Duty statements do not reflect departmental and institutional goals.
- Asset history reports do not reflect compliance with SCC's published schedule. DPOPM, SAPMS and SCC's OP.

Impact: These conditions may render the PM program ineffective, decrease efficiency, increase downtime, and may result in additional costs.

An inspection of the physical plant noted several deficiencies at multiple locations. Refer to the attachment entitled "SCC Physical Plant Inspection" located at the end of the report. Attachment C, SCC's OP.

Impact: Maintenance deficiencies are not identified in a timely manner, which may result in safety violations.

The POM Report does not accurately reflect Plant Operations activities. For example, hours and staff are understated, and priorities are inaccurate. CCR, Title 15.

Impact: These issues result in inaccurate information provided to management for decision making.

There are several deficiencies related to the work order process. For example:

- The operational procedure number 32 is not efficient for Plant Operations.
- Work order priorities are not established according to departmental guidelines.
- Corrective work orders do not denote actions taken in 15 percent of the samples.
- PM work orders do not always indicate the task performed.
- Priority four work orders are given priority over PM work orders for the Electronic Technicians. SCC's OP, SAPMS and DPOMPM.

Impact: These issues result in an incompatibility with SAPMS, difficulty determining tasks performed, and inefficiencies.

The Inmate Work Supervisors Timekeeping Log (CDC 1697) is not properly maintained. The CDC 1697s were reviewed at Tuolumne-Electricians, Paint, Engineers, and Maintenance Mechanics: Main Electricians, Maintenance Mechanics, Paint, Plumbing, and Kitchen Engineer. The Audits Branch noted the following deficiencies at all locations:

- Inmate duty statements were not always present and/or signed by staff and inmates.
- Inmates are not signed in/out properly.
- Initials are used to certify inmate work time and absences instead of signatures.
- CDC 1697s are incomplete.
- The reasons for using Exceptional time (E), Security (S) or Absent (A) is not documented.
- Staff does not review priority ducats when the inmate returns to the work location.
- The Inmate Work Training Incentive Program (IWTIP) guidelines were not provided.
- The work supervisors performance review report (CDC 101) is not completed. CCR, Title 15.

Impact: These issues result in inaccurate documentation of inmate work time.

B. Inmate Trust Accounting

There are 83 checks totaling \$4,339, that have been outstanding for over one year and not cancelled. SAM.

Impact: This issue could result in difficulty determining whether checks are cleared and reconciled to accounts, as well as loss of interest income.

Holds on inmate funds are not processed in a timely manner. All holds tested should have been processed. The oldest hold dates back to May 2005. **(Prior Finding)** Inmate Trust Accounting Office Operations Guide (ITAOOG)

Impact: This results in additional workload and loss of State funds.

The Inmate Welfare Fund (IWF) collections are not remitted twice per month as required. Memorandum, Exemptions for IWF.

Impact: This condition could result in late detection of errors and/or irregularities. In addition, this results in loss of interest income to the State.

C. Materials Management/Warehousing

Supply levels are not always established for inventory. As a result, 44 percent of the master file appears to be inventory that is over the maximum supply levels. DOM.

Impact: This condition results in overestimating the total value of the "Over Maximum Supply Report" and can lead to poor supply management.

D. Personnel Transactions

Custody supervisors instead of the employee are signing in for employees on the sign in/out sheets (i.e., FLSA). Personnel Post Assignment System (PPAS).

Impact: This issue could result in manipulation of time and late detection of inappropriate use of leave.

Accounts Receivables (AR) are not established timely for employees who have delinquent Employee Attendance Records (CDC 998-A). For example, there are 48 Correctional Officers on the August 2008 delinquency list. The Audits Branch tested five of the 48 to determine if ARs were established and none were. Administrative Bulletin (AB).

Impact: This issue could result in employees receiving an interest free loan from the State, and inaccurate and incomplete attendance records. Also, it creates additional workload.

Custody supervisors are approving CDC 998-As without the appropriate substantiation for military leave and sick leave. For example, sick leave verification was accepted but did not have a physician or health care professional signature. Also, bereavement leave fiscal was approved for a family relation that is not covered in the Memorandum of Understanding (MOU). AB.

Impact: This issue could result in late detection of inappropriate use of leave and creates additional workload for personnel staff (i.e., making adjustments and corrections).

The CDC 998-As and CDC 1697s were reviewed for four employees' that receive Inmate Workers Supervision Pay (IWSP). The following deficiencies were noted:

- One employee received IWSP for the month of April 2008 and was not entitled to receive the pay because they only supervised one inmate for the month who worked a total of 5.75 hours.
- An employee could not locate the CDC 1697s for the inmates they supervised for the month of April 2008. Also, Central Records did not have copies of the CDC 1697. Additionally, the employee worked a total of 96 hours for the month of April 2008.
- The first line supervisor did not sign off on the CDC 1697s for one employee's inmates for the month of February 2008.
- Out of date CDC 1697s were used. Department of Personnel Administration (DPA).

Impact: These issues result in inaccurate recordkeeping for the inmates and overpayment to the employee.

E. Food Services

CDC 1697s are not always completed thoroughly and appropriately by Food Service and Custody staff. For example, initials are used instead of signatures; exceptional time is not always explained, and entire days are not always completed. SCC's On-the-Job-Training Module.

Impact: This issue could result in overpayment of inmate time worked; and inaccurate information reported regarding inmates time.

VI. TRAINING

Three of the five Personnel Specialists, with less than one year experience in personnel, have not attended the basic courses designed by the SCO for new Personnel Specialists. SCO.

Impact: This issue makes it difficult for employees to acquire the skills and knowledge necessary to do their job appropriately and effectively. This was evident in the certification of attendance and in the review of the Periodic Position Control report.

VII. Follow up to the May 2008 Food Facility Inspection that was performed by the Office of Risk Management.

As of October 28, 2008, nine of the ten deficiencies to be corrected prior to October 28, 2008, have been resolved. The remaining deficiency relates to the availability of an emergency eye wash station at the chemical storage area in the central kitchen.

Impact: This issue could result in difficulty responding to emergencies in a timely manner.

FINDINGS AND RECOMMENDATIONS

It should be noted that turnover in the area of Business Services over the past 12 months is as follows: Personnel (52 percent), Accounting (40 percent), Procurement (38 percent), Plant Operations (28 percent), and Food Services (13 percent).

I. ADMINISTRATIVE CONCERNS

A. Personnel Transactions

1. Hiring Over Budget

Currently, there are 35 Correctional Officers in the 918 Blanket and the Institution has no vacant full-time positions. In addition, there is a possible deactivation that may eliminate 15 Correctional Officer positions. Also, there is a .5 position paid out of personnel that is not funded.

This issue over expends the budget authority by approximately \$464,291.

SAM, Section, 8531, Established Positions, states: "No employee may be appointed except to a position which has been properly established and approved by the Department of Finance to fix its class title, duration, organizational function, and the budget allotment from which the salary is payable."

Recommendation

Review the current number of Correctional Officer positions in the 918 blanket for possible movement into vacant positions and take the appropriate action.

II. HEALTH AND SAFETY

A. Occupational Health and Safety

1. Safety Meetings

Safety meetings (i.e., tailgates) are not conducted for each maintenance section at least every ten days and written minutes taken. The Audits Branch tested ten trade shops (i.e., main and Tuolumne yards). Of the shops tested, 60 percent did not conduct and document safety meetings consistently.

This condition suggests that safety issues may not be emphasized and discussions documented in a consistent manner. Also, Plant Operations is not maintaining an effective IIPP.

CCR, Title 8, Article 3, Section 8406(e), IIPP, states in part: "Supervisory personnel shall conduct "toolbox" or "tailgate" safety meetings with their crews at least weekly on the job to emphasize safety. A record of such meetings shall be

kept, stating the meeting date, time, place, supervisory personnel present subjects discussed and corrective action taken, if any, and maintained for inspection.”

Recommendation

Comply with the CCR, Title 8 in regards to safety meetings.

2. PPE

PPE signage for all electrical lathes, drills and grinders are not posted on or near each machine. Additionally, the Audits Branch noted that exit signs are not illuminated or non-existent for each exit. The Audits Branch inspected ten shops. Forty percent of the shops inspected did have the correct signage.

This condition could result in serious injuries to staff.

The SCC’s IIPP states: “Post appropriate caution signs in area requiring PPE.” Operational Procedure number 39, states in part: “. . . review the test results of periodic scheduled workplace inspections at the next scheduled committee meeting to identify any needed safety programs or procedures and to track specific corrective actions.”

Recommendation

Comply with the CCR, Title 8 and the SCC’s IIPP relative to appropriate PPE.

B. Environmental Health and Safety

1. MSDS

There are deficiencies related to MSDS and chemical inventory at 18 locations. The MSDS was not available for all chemicals being stored. This issue was noted at the Maintenance Warehouse, Education, Medical, Heavy Equipment Garage, Hazard Materials Storage Area, Water Treatment Plant, Calaveras Support, Mariposa Support and Dining, Laundry, Dry Cleaning, and Vocational Dry Cleaning Shops. See Attachment B for specifics.

This issue could result in difficulty responding to emergencies and tracking chemicals.

DOM, Section 52030.4.1, states in part: “A current copy of MSDS shall be maintained for all chemicals being stored....”

DOM, Section 52030.4.7, states in part: “A perpetual/daily chemical inventory shall be maintained...Chemicals shall be safe and secure from inmates....”

Recommendation

Provide annual training and/or monthly safety/tailgate training.

2. Laundry Room

There are four 55-gallon drums, containing chlorine, a neutralizer, a caustic called break-up, and laundry detergent. These drums are connected to an injection system which consists of hoses, PVC manifolds and metal valves that injects these chemicals into individual machines. The PVC and the valves have had many repairs made by Plant Operations and is continuously leaking chemicals at various locations throughout the injection system. The system is in serious need of replacement and is beyond any further repair.

This condition could result in a substantial spill and could involve fines from CAL/OSHA and EPA.

SCC's OP, number 33, Inspection of the Physical Plant, Section (A-1) states: "Provide for documented routine systematic inspections of the institution with the focus on the operational condition of the physical plant. (A-2) Special attention will be paid to the emergency equipment, including lighting, HVAC, generators and communication systems, as well as any equipment or area that appears to be non-operational and or a safety hazard."

DOM, Section 31020.3, Objectives, states: "All systems shall meet or exceed the minimum safety and health standards of the General industry Safety Orders, CCR (8); Manual of Standards for Adult Correctional Institutions; National Fire Protection Association, Life Safety Codes; Health and Safety Code (H&SC); and all other applicable federal, State, and local laws, ordinances, and codes regarding occupational safety, environmental health, and fire prevention and control."

Recommendation

Replace the injection system to avoid the possibility of a large spill, fines, and chemical exposure to staff and inmates.

III. INTERNAL CONTROL

A. Materials Management/Non-Drug Medical Supplies

1. Separation of Duties

The M&SS II, CF over Non-Drug Medical Supplies, orders, obtains price quotes, prepares form 5s, maintains inventory, conducts a count of inventory, spot checks, and reports theft.

This condition may result in late detection of errors, irregularities, theft, and/or misappropriation.

SAM, Section 20050, states in part: "...elements of a satisfactory system of internal accounting and administrative controls, shall include, but are not limited to: A plan of organization that provides segregation of duties appropriate for proper safeguarding of state assets...."

Recommendation

Ensure that no one person has significant control over duties in the warehouse.

2. Physical Inventory

Controls over inventory maintained for Non-Drug Medical Supplies are inadequate. Physical inventories and reconciliations are not performed and spot checks are not conducted. Lastly, there is no adjustment documents prepared for management review. For example, stock records are not maintained for inventory and as a result, a physical count and subsequent reconciliation cannot be performed. The M&SS II, CF does not have access to the SLAMM system, data is not posted, and therefore, stock records are not maintained current.

This condition may result in late detection of errors, irregularities, theft, and/or misappropriation.

DOM, Sections 22030.10.1 and 22030.11.8, Stock Records and Physical Inventory, states in part, "Stock records shall be maintained by using a manual or computerized inventory control system...The stock record, which serves as a joint purchasing/financial/operational record, shall be kept current and accurate at all times...A count of every inventory item held in storage shall be taken annually on all materials in all warehouses, storerooms, and maintenance shop storage areas...."

Sam, Section 10860, Physical Inventories, states in part: "At least once every three months a designated employee, preferably not the storekeeper or custodian of the property, will take a complete physical inventory...Any

differences which cannot be located will be listed, together with any pertinent explanation, and sent to the business manager. The business manager, after he has satisfied himself as to the propriety of the adjustments, will authorize the adjustment of the stock records by signing the list of inventory adjustments....”

Recommendation

Establish a computerized inventory control system. Ensure stock records are accurately maintained, conduct spot checks to ensure physical inventories and reconciliations are conducted.

B. Materials Management/Maintenance Warehouse

1. Physical Inventory

Controls over inventory maintained for the Maintenance Warehouse are inadequate. Physical inventories and reconciliations are not performed and spot checks are not conducted. Lastly, there is no adjustment documents prepared for management review. For example, a spot check was conducted and five of nine items tested (55 percent) did not reconcile to the SLAMM Master File Report. In addition, there was one item that could not be found in the report.

This condition may result in late detection of errors, irregularities, theft, and/or misappropriation.

SAM, Section 10860, Physical Inventories, states in part: “At least once every three months a designated employee, preferably not the storekeeper or custodian of the property, will take a complete physical inventory . . . a realistic spot-verification of the inventory taking will be made by another employee designated by the business manager...Any differences which cannot be located will be listed, together with any pertinent explanation, and sent to the business manager. The business manager, after he has satisfied himself as to the propriety of the adjustments, will authorize the adjustment of the stock records by signing the list of inventory adjustments....”

DOM, Section 22030.10.1, Records Maintained, states in part: “The stock record, which serves as a joint purchasing/financial/operational record, shall be kept current and accurate at all times. . . .”

Recommendation

Ensure stock records are accurately maintained, conduct spot checks, and ensure physical inventories and reconciliations are conducted.

C. Materials Management/Property

1. Inventory

A spot check of property inventory was conducted; the property at two of the three locations tested did not reconcile to the property inventory report. Discrepancies were noted in Food Services and Personnel. In both locations, property such as, fax machines, monitors, computers, printers and calculators are tagged but not listed on the inventory report.

This condition may result in late detection of errors, irregularities, theft, and/or misappropriation.

SAM, Section 8650, Accounting and Control of Property, states in part: "Departments will keep track of state property, whether capitalized or not, in an automated property accounting system (if one is used) or on Property Record Cards, STD. 153-A...."

Recommendation

Ensure that property is listed on the property inventory report. Reconcile the property to the property inventory report and ensure that property is tracked using a property control accounting system.

D. Inmate Trust Accounting

1. Bank Reconciliations

Bank reconciliations are not always prepared 30 days after the close of the month. For example, during the eight month test period, the bank reconciliations were prepared 26-139 days after the close of the month. Additionally, 50 percent of the bank reconciliations reviewed did not have the reviewer's and preparer's signatures.

Month	Date Prepared	Days Old	Missing Signatures
December 2007	No Dates	Unknown	No Performer & Reviewer
January 2008	June 17, 2008 No Date Reviewed	139	Reviewer
February 2008	May 12, 2008	73	
March 2008	June 18, 2008	79	
April 2008	No Date	Unknown	No Performer & Reviewer
May 2008	No Date	Unknown	No Performer & Reviewer
June 2008	Not Prepared	116+	
July 2008	Not Prepared	86+	
August 2008	Not Prepared	56+	
September 2008	Not Prepared	26+	

This condition may result in late detection of errors and/or irregularities.

SAM, Section 7901, states: "All reconciliations will be prepared monthly within 30 days of the preceding month...."

SAM, Section 7908, states: "All reconciliations will show the preparer's name, reviewer's name, date prepared, and date reviewed."

Recommendation

Prepare Bank Reconciliations within 30 days after the close of the month and complete all areas of the Bank Reconciliation.

E. Payroll/Personnel

1. Distribution of Warrants

Separation of duties is inadequate over the distribution of payroll. Four paymasters are also unit timekeepers who distribute salary warrants.

This issue could result in late detection of errors, and/or irregularities.

SAM, Section 8580.1, Duties Incompatible with Handling of Salary Warrants, states, "Persons designated by agencies to receive salary warrants from SCO, or to distribute salary warrants to employees, or handle salary warrants for any purpose personnel documents: Absence and Additional Time Worked Report for, Std. 634 (which has been replaced by the CDC 998-A)."

Recommendation

Separate the duties, update the current paymaster listing and establish a procedure that includes an annual review process. Also, provide training and monitor for compliance.

2. Warrant Release Form

The SCC Warrant Release form does not have an authorizing signature block. This form authorizes the Accounting Office to release warrants to employees for various payments (e.g., master pay, overtime, miscellaneous payments). The form also directs the accounting office to mail warrants, return warrants to SCO, hold warrants, and clear a salary advance or an accounts receivable.

This condition may result in an unauthorized person manipulating the disposition of warrants and cover up a possible irregularity in payments.

SAM, Section 20050, Internal Control, states in part: "...the elements of a satisfactory system of internal accounting and administrative controls, shall

include, but are not limited to: A system of authorization and record keeping procedures adequate to provide effective accounting control over assets, liabilities, revenues and expenditures....”

Recommendation

Revise the current SCC’s Warrant Release form to include an authorizing signature block and include a supervisor’s signature block.

IV. LATE DETECTION AND ADDITIONAL WORKLOAD

A. Plant Operations

1. Emergency Generators

Documented testing and maintenance of the emergency generators is inadequate. There are several deficiencies related to managing emergency generators which are as follows:

- There are no local operating procedures establishing standardized procedures and or direction for the testing and maintenance of emergency generators.
- Batteries maintained at the switch gear room are not equipped to withstand seismic forces.
- Program areas responsible for maintaining logs do not collaborate to maintain records.
- The NFPA standards regarding monthly testing are not adhered to.
- Record keeping is not maintained in accordance with the conditions of the permit to operate.
- The asset history reports for emergency generator numbers 160000013551 and 16000001350 contain information not related to testing and maintenance.

These issues make it difficult to validate that emergency generators are tested timely and properly maintained.

The NFPA, Emergency Power Stand-by Systems (EPSS) 110, Appendix-5-11.5, states in part: “Battery racks should be capable of withstanding seismic forces in any direction...Appendix 6-4-1, states, Level I EPSS including all appurtenant components shall be inspected weekly and shall be exercised under loads at intervals not more than 30 days...6-4. 2...at least once monthly for a minimum of thirty minutes.”

The IMU memorandum, “Emergency Power Generator Systems”, dated December 21, 1999, directs institutions to conduct load bank test of emergency generators and recommends that the institution incorporate all assets and tasks into the SAPMS.

Notice of Change to DOM transmittal letter 00-01, states: "Each institution/facility and parole region shall independently implement local procedures in accordance with all applicable laws and regulations governing those policies and procedures which are not covered by an approved DOM article."

County of Tuolumne, Air Pollution Control District (APCD), Permit to Operates, Section 18, Record Keeping and Monitoring, states: "Records of the hours of operation, type and actual quantity of fuel used for the boilers, water heaters and IC engines shall be kept for a minimum of two (2) years and reported on an annual basis or as required by the APCD."

Recommendation

Comply with the CDCR, IMU guidelines and incorporate all tasks related to Emergency Generators into the Facility Center database. Additionally, adhere with county operating conditions and the DOM. Lastly, initiate and maintain records in accordance with the NFPA.

2. Cross-Connection Program

The Audits Branch noted the following deficiencies regarding the cross-connection program (i.e., backflow):

- The master list does not reconcile to asset history reports from the Facility Center database.
- It could not be determined whether the backflow devices that failed were tested and subsequently repaired or surveyed.
- There is no published cross-connection schedule for 2008.
- It could not be determined whether all backflow devices are tested on an annual basis.

These issues result in difficulty determining whether backflow tests have been performed.

The CPC, Section 603.3.2, states: "The premise owner or responsible party shall have the backflow prevention assembly tested by a certified backflow assembly tester at the time of installation, repair, or relocation and at least on an annual schedule thereafter or more often when required."

SAPMS guidelines, states: "Establish an effective and efficient (PM) procedure. This procedure must establish the systematic maintenance of all major institutional facilities and equipment."

California Department of Health Services Drinking Water and Environmental Management Division recommends that test results should be kept on file in a central location.

Recommendation

Create a master list or use plot plans to identify all cross-connection locations and devices, maintain accurate data within the SAPMS database and test on an annual basis. Provide training to staff.

3. HVAC

The maintenance of the HVAC is inadequate. For example, although maintenance is required quarterly for HVAC in seven locations, there has only been 28 percent documentation of maintenance during 2008. See the chart below:

Building and Location		Asset//Equipment Number	Most current PM and corrective work order history
A01	Administration	16000001298	Has not had any documented PM or CM in 2008
C51	Tuolumne Kitchen	16000001721	Has only 1 documented PM in 2008. (quarterly)
H51	Tuolumne Bldg.1	16000001022	Has only 1 documented PM in 2008.(Quarterly)
H52	Tuolumne Bldg.2	16000000885	Has no documented PM or CM in 2008. (quarterly)
H53	Tuolumne Bldg.3	160000001576	Has no documented PM or CM in 2008. (quarterly)
H54	Tuolumne Bldg.4	160000000874	Has no documented PM or CM in 2008. (quarterly)
3A01	Tuolumne Bldg.5	10000000240	Has no documented PM or CM in 2008. (quarterly)

This condition may render the PM program ineffective, decrease efficiency, increases downtime, and may result in additional costs.

DPOMPM, and SAPMS guidelines, states in part: “. . . establish an effective and efficient PM procedure. This procedure must establish the systematic maintenance of all major institutional facilities and equipment...Without such program equipment will wear out prematurely, structures will deteriorate, and efficient function of the facility will be compromised...The CPM shall complete a review, at least monthly...This procedure will be reviewed and updated annually.”

Recommendation

Comply with the methods of a PM program.

4. Equipment Maintenance Data

Trades staff are not preparing Equipment Maintenance Data Summary Sheets when a new piece of equipment is installed. It was noted that 72 percent of equipment tested in Food Services did not have identifiers.

This condition results in difficulty identifying assets, reports and inventories may be inaccurate, equipment not tagged, and PM schedules are not established.

DPOMPM, Section 2.D.5 and SAPMS guidelines, states: "All equipment will be clearly identified by placing the unique standard equipment code on each piece of equipment . . . Transfer equipment data from the Equipment Maintenance Summary Data Sheets following the guidelines in the Departmental Standard Plant Operations Maintenance Procedures Manual and develop assignment schedules for the completion of the PM"

Recommendation

Prepare Equipment Maintenance Summary Data Sheets and forward them to the SAPMS administrator timely to place newly purchased equipment on a PM schedule. Tag equipment in accordance with the DPOMPM.

5. PM

It was noted that the methods of a PM program are not adhered to. For example:

- A PM program is not adhered to in the Main Kitchen. For example, 59 assets were sampled and 28 assets were not maintained per the published PM schedule.
- Equipment/assets are not always clearly identified with the SAMPS tags. This condition was noted in Food Services where 72 percent of assets tested were not tagged.
- Duty statements for the Electricians, Electronic Technicians, Groundskeepers, and Maintenance Mechanics do not reflect departmental and institutional goals related to the performance of PM.
- Asset history reports for HVAC, Emergency Generators and Kitchen equipment do not reflect compliance with SCC's published schedule.

These conditions may render the PM program ineffective, decrease efficiency, increase downtime and may result in additional costs.

DPOMPM and SAPMS guidelines, states in part: ". . . establish an effective and efficient PM procedure. This procedure must establish the systematic maintenance of all major institutional facilities and equipment...Without such program equipment will wear out prematurely, structures will deteriorate, and efficient function of the facility will be compromised."

SCC's OP number 31, states in part: "Establish an effective and efficient PM program. . . ."

Recommendation

Comply with the methods of a PM program.

6. Physical Plant Inspection

An inspection of the physical plant noted several deficiencies at multiple locations. Refer to the attachment entitled "SCC Physical Plant Inspection" located at the end of the report. See Attachment C.

This issue results in unidentified and uncorrected maintenance and safety issues.

SCC's OP number 33, Inspection of the Physical Plant, Section (A-1) states: ". . . provide for documented routine systematic inspections of the institution with the focus on the operational condition of the physical plant. (A-2) Special attention will be paid to the emergency equipment, including lighting, HVAC, generators and communication systems, as well as any equipment or area that appears to be non-operational and or a safety hazard."

Recommendation

Ensure that periodic inspections are conducted.

7. Plant Operations Maintenance (POM) Report

The POM Report does not accurately reflect Plant Operations activities. During the period sampled May 2008 through September 2008, the following deficiencies were noted:

- The number of staff reported as performing maintenance is understated at the Boiler House and Wastewater Treatment facility.
- The motor pool is listed on the POM Report although they do not report to Plant Operations.
- The locksmith's time is understated.
- The operational reporting within the Facility Center database has not been developed, established, or implemented for the Stationary Engineers reporting to Conservation Camps.
- Priorities are inaccurate.

These issues result in inaccurate information being provided to management for decision making.

DOM, Section 11010.21.4, states: "Compile information from monthly reports as appropriate."

CCR, Title 15, Section 1280, states: “The facility administrator shall develop written policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility. Such a plan shall provide for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices which may be found.”

Recommendation

Validate, and review reports to determine if they accurately reflect Plant Operations activities.

8. Work Order Process

Two hundred completed work orders, for the month of August 2008, were reviewed, encompassing all priorities. The following deficiencies were noted:

- The operational procedure number 32 is not efficient for Plant Operations. For example, 50 percent of the SAPMS analyst’s time is spent receiving corrective/reoccurring maintenance work orders via phone, delaying input for accurate record keeping in the SAPMS database.
- Work order priorities are not established according to departmental guidelines. For example, a Priority 3 designation is used instead of a Priority 1. It was noted that ten Priority 3 work orders should have been designated as an emergency (e.g., work order number 137614).
- Corrective work orders do not denote actions taken in 15 percent of the samples.
- Procedures/tasks are not checked for documenting the completion of PM procedure preformed in 20 percent of the samples.
- Priority 4 work orders, which are non-reoccurring services that are not performed on a regular and/or repeating basis (i.e., install pencil sharpener, relocate bulletin board), are given priority over PM work orders for the electronic technicians.

These issues result in an incompatibility with SAPMS, difficulty determining tasks performed, and inefficiencies.

SCC’s OP number 32, Purpose and Objectives, states: “This procedure has been established to provide guidelines for an orderly and standard method of processing and accomplishing services requested of the Plant Operations.”

SAPMS guidelines, DPOMPM, states in part: “Approved work request will be forwarded to the work order desk and logged in the standard work order request log When the tradesperson completes the labor and material portion of the work order, the work order is returned to the trades person’s supervisor . . . the supervisor will review the completed information and route to the work order desk Approved work request will be routed to Plant Operations work order desk and a computerized work order will be prepared. . . .”

Recommendation

Ensure that work orders are reviewed by supervisors, fully completed, signed, dated, and returned in a timely manner. Additionally, establish a standardized work order system that is efficient for SCC.

9. Inmate Supervisors Timekeeping Log

The CDC 1697 is not properly maintained. CDC 1697s were reviewed at the Tuolumne-Electricians, Paint, Engineers, and Maintenance Mechanics: Main Electricians, Maintenance Mechanics, Paint, Plumbing, and Kitchen Engineer. The Audits Branch noted the following deficiencies at all locations:

- Inmate duty statements were not always present and/or signed by staff and inmates.
- Inmates are not signed in/out properly.
- Initials are used to certify inmate work time and absences instead of signatures.
- CDC 1697s are incomplete.
- The reasons for using E, S, or A time are not documented.
- Staff did not review priority ducats when the inmate returned to the work location.
- The IWTIP guidelines were not provided.
- The work supervisors performance review report (CDC 101) is not being completed.

These issues result in an inaccurate documentation of inmate work time.

CCR, Title 15, Section 3045, Timekeeping and Reporting, states in part: “(a) Inmate timekeeping logs. Attendance of each inmate assigned to a credit qualifying assignment shall be recorded daily on an approved timekeeping log...Supervisors shall be responsible to record and report all work/training time and absence....”

Recommendation

Complete the CDC 1697 as events occur. Maintain IWTIP documents in accordance with IWTIP guidelines and the CCR, Title 15.

B. Inmate Trust Accounting

1. Outstanding Checks

There are 83 checks totaling \$4,339 that have been outstanding for over one year and have not been cancelled. In addition, these funds have not been credited to trust accounts.

This issue could result in difficulty determining whether checks are cleared and reconciled to accounts, as well as loss of interest income.

SAM, Section 18424.2, states: "Checks have a one-year period of negotiability. Uncashed or unclaimed agency trust fund checks will be canceled."

Recommendation

Clear outstanding checks on a monthly basis.

2. Holds (Prior Finding)

Holds on inmate funds are not processed in a timely manner. For example, 30 out of 30 holds sampled should have been released. The oldest hold dates back to May 19, 2005. Additionally, 4 of the 30 holds were not released for transferred or paroled inmates.

This results in additional workload and loss of funds to the State.

ITAOOG, Section 235, states: "A hold placed on incoming checks will automatically drop in 30 days and may never cause a problem for the inmate." Also Inmate Trust Fund Manual (ITFM), states: "All holds that cannot be collected in the 30-day period will be released."

Recommendation

Ensure that all holds on accounts are released timely. Review the holds report frequently to ensure that funds are not lost.

3. IWF Remittance

The IWF collections are not remitted twice per month as required.

This condition could result in late detection of errors and/or irregularities. In addition, this results in loss of interest income to the State.

August 26, 2004, Memorandum, Exemption for Inmate Welfare Fund from State Administrative Manual, Section 8091, states in part: ". . . remit IWF monies at least twice a month: At mid-month and at month-end after the monthly reconciliation."

Recommendation

Remit IWF twice a month.

C. Materials Management/Support Warehouse

1. Supply Levels

Supply levels are not always established for inventory. As a result, 44 percent of the master file appears to be inventory that is over the maximum supply levels (e.g., 49 out of 113 items in category 2 clothing do not have supply levels set).

This condition results in overestimating the total value of the “Over Maximum Supply Report” and can lead to poor supply management.

DOM, Selection 22030.10.5, Setting Levels, states: “Setting levels shall assist personnel who maintain stock to have on-hand materials when they are needed. Levels are set to ensure that stock shall not be depleted. The Department shall use the MIN/MAX concept to set the majority of supply levels.”

Recommendation

Ensure supply levels are set for all items.

D. Personnel Transactions

1. FLSA Sheets

Custody supervisors instead of the employee are signing in for employees on the sign in/out sheets (i.e., FLSA).

This issue could result in manipulation of time and late detection of inappropriate use of leave.

PPAS Timekeeping User Manual, Section Custody Sign/Out Sheet Overview, Completed Custody Sign In/Out Sheet, states: “Employees must sign in and out daily.”

Recommendation

Ensure that the employee is the one signing in and out daily on the FLSA sheets.

2. AR

ARs are not established timely for employees who have delinquent CDC 998-A's. For example, there are 48 Correctional Officers on the August 2008 delinquency list. The Audits Branch tested five of the 48 to determine whether ARs were established.

This issue could result in employees receiving an interest free loan from the State, and inaccurate and incomplete attendance records. Also, it creates additional workload. AB 04–01, issued January 8, 2004, Attendance Record Policy, BU 06, and Aligned Non-Represented Employees, states: “Leave taken without available leave credits is subject to an AR, the recovery of overpayment for the unapproved leave. Failure to turn in a completed CDC form 998-A may result in an AR established in accordance with BU 06, Memorandum of Understanding, Section 15.12, and Side Letter 4.”

Recommendation

Establish ARs timely and develop a plan to eliminate the backlog and monitor the process for compliance.

3. CDC 998-A

Custody supervisors are approving CDC 998-As without the appropriate substantiation for military leave and sick leave. For example, sick leave verification was accepted but did not have a physician or health care professional signature. Also, bereavement leave fiscal was approved for a family relation that is not covered in the MOU.

This issue could result in late detection of inappropriate use of leave and creates additional workload for personnel staff (i.e., making adjustments and corrections).

AB 04-01, Attendance Record Policy, BU 06, and Aligned Non-Represented Employees, states in part: “Supervisor Responsibility – PPAS and Non – PPAS, The Supervisor will:

- Review the CDC Form 998-A (October 1992) or (August 1999) for accuracy and completeness.
- Determine whether leave credit use is appropriate in accordance with the MOU (R06) or DPA Rules (S06, C06, and M06).
- Sign and date CDC Form 998-A to certify that it is correct and complete”

Recommendation

Approve the CDC 998-As with appropriate documentation, provide more extensive training to supervisors, and monitor for compliance.

4. IWSP

The Audits Branch reviewed the CDC 998-As and CDC 1697s of four employee’ receiving IWSP. The following deficiencies were noted:

- One employee received IWSP for the month of April 2008 and was not entitled to receive the pay because the employee only supervised one inmate for the month, who worked a total of 5.75 hours.

- An employee could not locate the CDC 1697s for the inmates supervised during the month of April, 2008. Also, Central Records did not have copies of the CDC 1697. Additionally, the employee worked a total of 96 hours for the month of April, 2008.
- The first line supervisor did not sign off on the CDC 1697s for one employee's inmates for the month of February, 2008.
- Out-of-date CDC 1697s were used.

These issues result in inaccurate recordkeeping for the inmates and overpayment to the employee.

DPA, Pay Differential 67, IWSP Differential – Units 01, 04, 15, 19 and Excluded Employees, revised July 8, 2008, states in part, “A – Employees having regular, direct responsibility for work supervision, on-the-job training, and work performance evaluation of at least two inmates, wards, or resident workers who substantially replace civil service employees for a total of at least 173 hours per pay period”

Recommendation

Ensure that payment of IWSP is made only when the applicable criteria is met.

E. Food Service

CDC 1697s are not always completed thoroughly by food service and custody staff. For example, initials are used; exceptional time is not always explained, and entire days are not always completed.

This issue could result in overpayment of inmate time worked and inaccurate information reported regarding inmates time.

SCC's On-the-Job Training Module and IWTIP, states in part: “Timekeeping logs are legal documents. The IWTIP records are used to calculate day-for-day credits. All IWTIP documentation must be complete, accurate and factual; accounting for the inmate's actual daily participation Daily times must reflect hours of assignment. Each entry must be signed and completed on a daily basis...This form will be printed legibly or typed, in blue or black ink. You must document everything pertaining to the inmate's workday.”

Recommendation

Ensure that the CDC 1697 is completed thoroughly on a daily basis as stipulated in the IWTIP guidelines.

V. TRAINING

Three of the five Personnel Specialists, with less than one year experience in personnel, have not attended the basic courses designed by the SCO for new Personnel Specialists’.

This issue makes it difficult for employees to acquire the skills and knowledge necessary to do their job appropriately and effectively. This was evident in the certification of attendance and in the review of the Periodic Position Control report.

California SCO, Statewide Training, Statewide Training Programs and Prerequisites, Fundamentals of Payroll, Prerequisites, states in part: “. . . must have a minimum of five months of personnel/payroll experience and have certified at least Master Payrolls for negative attendance employees that included exceptions to the payroll and Fundamentals of Personnel, Prerequisites, which states, must have one month of personnel/payroll experience.”

Recommendation

Review the current SCO training plan and schedule the personnel staff. Also, if needed contact to make arrangements for training to be held at SCC.

VI. Follow up to the May 2008 Food Facility Inspection that was performed by the Office of Risk Management.

As of October 28, 2008, nine of the ten deficiencies to be corrected prior to October 28, 2008 have been resolved. The remaining deficiency relates to the availability of an emergency eyewash station at the chemical storage area in the central kitchen.

This issue could result in difficulties responding to emergencies in a timely manner.

CCR, Title 8, Section 5162, Location, states in part: “Emergency eyewash facilities and deluge showers shall be in accessible locations that require no more than 10 seconds for the injured person to reach.”

Recommendation

Generate work orders to install eyewash stations.

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

SIERRA CONSERVATION CENTER

GLOSSARY

AB	Administrative Bulletin
APCD	Air Pollution Control District
AR	Account Receivables
BU 06	Bargaining Unit 06
CAP	Corrective Action Plan
CCR	California Code of Regulations
CDC 998-A	Employee Attendance Record
CDC 1697	Inmate Work Supervisor's Timekeeping Log
CDCR	California Department of Corrections and Rehabilitation
CF	Correctional Facility
CPC	California Plumbing Code
DOM	Department Operations Manual
DPA	Department of Personnel Administration
DPOMPM	Departmental Plant Operations Maintenance Procedures Manual
EPA	Environmental Protection Agency
EPSS	Emergency Power Stand-by Systems
FLSA	Fair Labor Standards Act
H&SC	Health and Safety Code
HVAC	Heating, Ventilation, and Air Conditioning
IIPP	Injury and Illness Prevention Plan
IMU	Institutions Maintenance Unit
ITAOOG	Inmate Trust Accounting Office Operations Guide
ITFM	Inmate Trust Fund Manual
IWF	Inmate Welfare Fund
IWSP	Inmate Worker Supervision Pay
IWTIP	Inmate Work Training Incentive Program
MOU	Memorandum of Understanding
MSDS	Materials Safety Data Sheet
M&SS	Materials and Stores Supervisor
NFPA	National Fire Protection Association
OAC	Office of Audits and Compliance
OP	Operational Procedure
PM	Preventive Maintenance
POM	Plant Operations Maintenance
PPAS	Personnel Post Assignment Systems
PPE	Personal Protective Equipment
PVC	Polymerized Vinyl Chloride
SAM	State Administrative Manual
SAPMS	Standard Automated Preventive Maintenance System
SCC	Sierra Conservation Center
SCO	State Controllers Office
SLAMM	State Logistics and Materials Management

SAMPLE FORMAT CORRECTIVE ACTION PLAN

Item #	Audit Finding	Responsible Personnel	Proposed Action	Date to be Completed
A.1	<p>WRITTEN NOTICE</p> <p>Of the 30 records reviewed, 24 (80 percent) contained a clearly stated date and reasons for placement in part I, Notice of Reasons for Placement date. The remaining three records failed to clearly document the reason for placement in sufficient detail to enable the inmate to prepare a response or defense.</p>	<p>Facility Captain Do Not use individuals names and do Not use Acronyms.)</p>	<p>A. Facility Captains will ensure that each inmate placed in Administrative Segregation will have the placement date included on all CDC 114-Ds processed.</p> <p>B. Training will be provided by the Facility Captains to ensure sufficient information is documented in abundant detail in order for an inmate to articulate a response or defense</p>	2/2/2006

Location	Proper Labels	MSDS Current	Chemical Inventory	Chemical Storage	Secondary Containment
Education		No	No		N/A
Medical		No	No	Unsecured	N/A
State Garage					
Heavy Equipment Garage		No			
Hazard Waste Storage Shed	No				
Water Treatment		No			
Sewage Treatment					
Calaveras Support		No	No		N/A
Mariposa Support		No	No		N/A
Calaveras/Mariposa Dining			No		N/A
Paint Shop					N/A
Electric Shop					N/A
Maintenance Warehouse		No			N/A
Support Warehouse					N/A
Laundry			No		
Dry Cleaning			No		
Vector Control					N/A
Vocational Small Engines		No			

SCC Physical Plant Inspection**1. PLANT OPERATIONS OFFICE MODULAR****EXTERIOR:**

- Metal back door is rusted and unsound.
- Front door has begun to rust.
- Deck hand rails are splintering along grab areas.
- South paneling/siding is deteriorating and exposed.
- Window frame trim is deteriorated allowing inclement weather inside.
- Air conditioners are not connected to drains.
- Air conditioner electrical junction box is not secured to wall-box; it is retained via flex and rigid conduit.
- A four inch wasp nest is located next to the conduit for the personal alarm strobe light.

INTERIOR:**BATHROOM**

- Wall fasteners (i.e., u-staples) are exposed outward which may pose a threat.
- The Bathroom outlet located next to the sink is not a Ground Fault Interrupter.

2. TOULUMNE YARD BUILDING 5**EXTERIOR ROOF:**

- Insulation on the plumbing piping is intermittent.
- The old tower structure-toilet runs constantly as a result, all floor tiles have lifted from water intrusion. Additionally, there are broken windows.
- Water leaks are at the roof seams.
- The exhaust fan is very noisy. This may be the result of a failed bearing- (1593).
- The exhaust fan is out of balance-(0245).
- All air handlers ducting has paint peeling from surface.
- The filters are dirty (Air handler #0239).

CONTROL ROOM INTERIOR:

- Floor tile is in disrepair creating tripping hazards and a harborage for particulate matter.
- The light fixture on right side of podium is inoperative.
- The floor observation glass is broken under podium.

EXTERIOR BUILDING:

- The entry door glass is broke.
- All buildings are in need of paint.

INTERIOR OF LIVING AREA:

- Constant spray from the leak in the mop sink has flooded the maintenance chase.
- Water leaks into cells from roof joints (225).
- An inmate manufactured multi-plug outlet is plugged into the outlet.
- The lower mop sink spigot turns thus allowing removal of the unit from the plumbing. This condition creates a leak.
- The fire door exit signs are not illuminated.

3. ISU Office

INTERIOR:

- The Egress into the bathroom door is hindered by the location of the lockers and missing door knob.
- The A/C vent is blocked by cardboard.
- The door vent is blocked by cardboard.
- Wires are exposed where the thermostat is usually mounted.
- Office is cluttered and disorganized.

4. MIRAPOSA YARD

DORM 44 (SHOWER ROOM):

- There is broken tile throughout the bathroom and shower.
- The middle sink mount is broken and porcelain is lying loose inside the sink.
- The flush valve on the urinal leaks onto the fixture when flushed.
- The shower knobs leak.
- There are broken light lens on fixture.
- There is corrosion at the window frame and bathroom wall.

TV ROOM:

- Fifty percent of the ear jacks for the TV are inoperable.

EXTERIOR:

- The Door window glass is missing.
- The Door is rusting.

DORM 41 (SHOWER ROOM):

- The Paint is chipping at the entry wall down to the primer. As a result, there is a possibility of lead exposure.
- There are missing tiles.
- The shower head leaks.
- There are broken light lens on the ceiling fixture.

TV ROOM:

- Door windows are missing.

TV ROOM:

- Twenty percent of ear jacks for the TV are inoperable.

5. CALAVERAS YARD

DORM 30 (EXTERIOR):

- Door windows are missing on both entry doors.

SHOWER ROOM:

- The toilet stall door hinge bolts are missing.
- The light fixture is inoperative on the ceiling.
- The Ground Fault Interrupter near the sink shows signs of abuse.
- The Safety glass between the dorm and shower room is cracked.
- The sink drain leaks.

DORM 29 (EXTERIOR):

- Both doors for the dorm are missing windows and the locking mechanisms are in need of repair.
- There are broken and missing tiles throughout.
- Cleaning supplies are stored inappropriately in the shower area.
- The shower head leaks.
- The supply air vent in the shower is removed and this leaves sharp edges of expanded metal.
- Paint is peeling in the foyer.

California Department of Corrections and Rehabilitation
Office of Audits and Compliance
Information Security Office



Information Security Compliance Review
Sierra Conservation Center
October 27 through 30, 2008

INFORMATION SECURITY OFFICER
Allen J. Pugnier

AUDITORS
Eric Pederson and Prince Donaldson

Information Security Compliance Review
Sierra Conservation Center
October 27 through 30, 2008

The Office of Audits and Compliance (OAC) Information Security Branch (ISB) conducted an Information Security Compliance Review of the Sierra Conservation Center between October 27 through October 30, 2008. The review covered 18 different areas. The Sierra Conservation Center was fully compliant in 10 areas, partially compliant in 5 areas, and non-compliant in 3 areas. The overall score is 83 percent. The chart below details these outcomes. Other observations, found at the end of this report, are also noted.

FINDINGS SUMMARY:

		Score	Compliant	Partial Compliance	Non Compliant
STAFF COMPUTING ENVIRONMENT					
1.	Use Agreement (Form 1857) is on file.	81%		PC	
2.	Annual Self-Certification of Information Security Awareness and Confidentiality forms are on file.	97%	C		
3.	Information Security Training is current.	92%	C		
4.	Staff can log on using their own password.	100%	C		
5.	Network access authorization is on file.	100%	C		
6.	Physical locations of CPUs agree to inventory records.	91%	C		
7.	Staff CPUs labeled "No Inmate Access."	77%		PC	
8.	Staff monitors are not visible to inmates.	89%		PC	
9.	Anti virus updates are current.	55%			NC
10.	Security patches are current.	45%			NC

INMATE COMPUTING ENVIRONMENT (Education, Library, Clerks)					
11.	Physical location of CPUs agrees to inventory records	100%	C		
12.	CPU labeled as an inmate computer.	100%	C		
13.	Anti virus updates are current.	5%			NC
14.	Inmate monitors are visible to supervisor.	79%		PC	
15.	Portable media is controlled.	100%	C		
16.	Telecommunications access is restricted.	100%	C		
17.	Operating system access is restricted.	79%		PC	
18.	Printer access is restricted.	100%	C		

Test Totals	10	5	3
Overall Percentage	83% ^[1]		

^[1] Scores for computer-related tests reflect the results of testing on the locatable sample computers only.

Information Security Compliance Review
Sierra Conservation Center
October 27 through 30, 2008

OBJECTIVES, SCOPE AND METHODOLOGY

The objectives of the Information Security Compliance Review are to:

- Assess compliance to selected information security requirements.
- Evaluate other conditions discovered during the course of fieldwork that may jeopardize the security of information assets of the facility or of the Department.
- Provide information security training for management and staff.

The Information Security Branch (ISB) did not review any Prison Industry Authority computers.

In conducting the fieldwork, the ISB performs the following:

- Interview members of senior management, information technology staff, institutional staff, and computer users.
- Ask staff to provide evidence that all authorized computer users have Acceptable Use Agreement forms and the appropriate training support documentation on file.
- Tests selected information security attributes of users and IT equipment using three different population samples. This includes both staff and inmate computing environments.
- Review various laws, policies, procedures, related to information security in a custody environment.
- Conduct physical inspections of selected computers.
- Observe the activities of the Information Technology support staff.
- Analyze the information gathered through the above processes and formulate conclusions.

FINDINGS AND RECOMMENDATIONS

The ISB provided a copy of our review guide to your IT staff. It contains audit criteria and a detailed methodology. That information, therefore, is not duplicated under each finding.

ISB's findings and recommendations are listed below. ISB staff discussed them with management in an exit conference following our fieldwork. Please contact us if you would like to discuss further, any of these issues.

Information Security Compliance Review
Sierra Conservation Center
October 27 through 30, 2008

1. The Computing Technology Use Agreements (Form 1857) are not on file for all computer users. (81 percent Compliance)

Recommendation: Require all staff users to complete Form 1857 before being granted computer access. All Contractors, volunteers, or visitors who use CDCR computers are required to complete an Information Access and Security Agreement Form (CDCR-ISO-1900) before being granted access.
(DOM 48010.8, 48010.8.2)

Best Practice: Required forms can be found on the Information Security Office's intranet web site. <http://intranet/PED/Information-Security/>

2. Staff monitors and computers are not correctly labeled "No Inmate Access." (77 percent Compliance)

Recommendation: Each computer in a facility shall be labeled to indicate whether inmate access is authorized. (Title 15 3041.3(d)),
(DOM 49020.18.3, 42020.6), (ISA 7.3.12)

Best Practice: Affix appropriate labels to both the monitor and the CPU.

3. Staff monitors are not visible to inmates. (89 percent Compliance)

Recommendation: Reposition staff monitors or use privacy screens to shield monitors from inmate view. (DOM 47040.3, 49010.1)

4. Staff computers do not have up-to-date antivirus software. (55 percent Compliance)

Recommendation: Update antivirus software on all staff computers.
(DOM 48010.9)

5. Staff computers do not have up-to-date security patches. (45 percent Compliance)

Recommendation: Update security patches on all staff computers.
(DOM 48010.9)

6. Inmate accessed computers do not have up-to-date antivirus software. (5 percent compliance)

Recommendation: Update antivirus software on all inmate computers.
(DOM 48010.9)

Information Security Compliance Review
Sierra Conservation Center
October 27 through 30, 2008

**7. Inmate computer monitors were not visible to the supervisor.
(79 percent compliance)**

Recommendation: The approved uses of workstations by inmates shall be carried out only under very tightly controlled circumstances. Inmates using computers must be under "direct and constant supervision."
(DOM 49020.18.3)

Best Practice: Position all inmate monitors so that the supervisor can easily see all inmate screens.

8. Inmate computers must have restricted access to the computer operating system and DOS commands. (79 percent compliance)

Recommendation: Configure inmate computers so that access is not available to the noted system files. (DOM 42020.6, 49020.18.3.)

Best Practice: Configure inmate computers to allow access to programs and files required by the work or education site only.

OTHER OBSERVATIONS:

Observation 1: Critical data, in some areas, is not being backed up.

Recommendation: Each department manager should identify all data that is critical to their operations, including locally developed databases, and develop back-up and restoration procedures. A back up schedule should be established and enforced. (DOM 48010.9.3)

Observation 2: Several instances of unattended staff user sessions were observed.

Recommendation: All staff should be reminded of security policy requiring unattended machines to be secured with a password. (49020.10.5)

Best Practice: Staff should lock computer by using CTL+ALT+DEL and selecting "Lock Computer," or by pressing the Windows Key and L simultaneously.

Observation 3: There is no Information Security Coordinator (ISC) at the institution.

Recommendation: Notify the ISC in writing of the assignment and maintain a historical record of all ISC appointees. (DOM 49020.6)

Information Security Compliance Review
Sierra Conservation Center
October 27 through 30, 2008

Observation 4: The physical locations of staff computers do not agree to inventory records. (91 percent Compliance)

Recommendation #1: Maintain accurate inventory records. Evaluate procedures and resources used to maintain inventory records. (DOM 46030.1, 49010.4)

Recommendation #2: The **4** un-locatable staff computers must be found within the 30-day period allowed for developing the corrective action plan. The institution must certify, in writing, that the un-locatable computers were found or properly surveyed out. The list of un-locatable computers is shown below.

Property Tag Number	Computer Make/Model
OCEXW008014	HP Compaq DC5700M S/N: MXL7190ZR7
SCCXW027384	No description available
SCCXW024496	HP D530CMT S/N: 2UB41400DC
SCCXW029632	Gateway E4500D S/N: 0037072031

Best Practices: A software solution, such as “i-Inventory,” should be considered to meet the needs of IT staff. Local IT staff should maintain a dynamic inventory; updating the inventory each time they relocate or service a computer. The institution should consider using hand held computers (Black Berry or Treo) to access the help ticket system and to post inventory while in the field. (This feature is currently being developed by the Enterprise Information Systems.)

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

PROGRAM COMPLIANCE REVIEW

REPORT OF FINDINGS

EDUCATION
COMPLIANCE

SIERRA CONSERVATION CENTER

OCTOBER 20 THROUGH OCTOBER 31, 2008



CONDUCTED BY

EDUCATIONAL COMPLIANCE BRANCH

EXECUTIVE SUMMARY

OFFICE OF AUDITS AND COMPLIANCE

EDUCATION COMPLIANCE BRANCH REVIEW

Sierra Conservation Center

October 27-31, 2008

TEAM MEMBERS:

*Raul Romero, Associate Superintendent, OAC
G. Lynn Hada, Principal, OAC
Beverly Penland, Vocational Vice-Principal, OAC
Jan Stuter, Principal Librarian, OCE
Ron Callison, Vocational Vice-Principal, OCE-VTEA
Mark Lechich, Academic Vice-Principal, OCE-WIA
Sarita Methani, Principal, OCE-EASA, EOP, DDP, DPP*

285 Areas Reviewed

CATEGORIES	PERCENTAGE OF COMPLIANCE
Education Administration	51 ÷ 63 = 81%
Academic Education	41 ÷ 63 = 65%
Vocational Education	34 ÷ 43 = 79%
Library/Law Library	20 ÷ 28 = 71%
Federal Programs	81 ÷ 88 = 92%
Special Programs*	N/A %
Total:	227 ÷ 285 = 80%

Your corrective action plan (CAP) must address each of the deficiencies listed below for each category with a score in the table above. The CAP must be submitted to the Superintendent of the Office of Correctional Education for review and/or modification. The CAP then is due to the Office of Audits and Compliance (OAC) for review within 30 days after your receipt of the preliminary report from OAC.

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
ADMINISTRATION SECTION

I. EDUCATION ADMINISTRATION:

81% COMPLIANCE

Deficiency:

#3 Are funds allocated by Office of Correctional Education available and spent within program areas? There are concerns regarding the budget not being available for General Educational Development testing and classroom supplies. The General Educational Development Testing has been summarily stopped because neither Sierra Conservation Camp Administration/Adult Institutions Division nor the Office of Correctional Education/Division of Education, Vocations and Offender Programs has provided funds to continue the General Educational Development testing process. This is unprecedented in the history of General Educational Development testing and contrary to AB 900 and other education rehabilitation accountability endeavors/legislative requirements.

#5 Are allocated funds for the Bridging Programs, including Arts In Corrections (AIC), used to provide program services to inmates? The Arts-in-Corrections funding was not spent but returned to HQ.

#10 Are all instructional and supervisory staff credentialed appropriately within subject matter area where they are assigned? Several teachers and supervisors did not have the appropriate credentials on file in the principal's office.

#12 Are 100% of the staff job descriptions and duty statements on file and applicable to current position? Many staff duty statements were outdated or non-existent in the supervisory files.

#14 Does the institution have an Operational Procedure for the Education Program? Does it use Department Operation Manual Chapter 10 as an inclusion? The Education Operational Procedure does not reference the Department Operation Manual chapter 10.

#38 Does the Academic Vice-Principal/Vocational Vice-Principal provide documented In-Service Training and On-the-Job Training? Have all currently due probationary and annual performance evaluations been completed? Approximately one-half of the supervisory files were examined. Several annual performance reviews were past due.

#39 Are supervisors documenting their contact with staff and inmates that are involved in the bridging program? The contacts are done but there is no documentation.

#46 Do academic, vocational, Bridging Education Program, Enhanced Outpatient Program and Alternative Education Delivery Model enrollments meet the required program quotas (15:1, 27:1, 54:1, 120:1)? Some classes, especially academic, are not completely filled on a monthly average basis per the Education Monthly Report.

#51 Are all Bridging Education Program eligible inmates receiving an education orientation packet upon arrival to the housing unit? The orientation packet for new arrivals does not mention the Bridging Education Program.

EXECUTIVE SUMMARY

Office of Audits and Compliance

Educational Compliance Branch

ADMINISTRATION SECTION

#58 Do all of the quarterly California Department of Corrections and Rehabilitation Form 128E and Form 154 (and/or other official student school transcripts) reports contain current and appropriate information that includes credits earned, course completions? Does the appropriate instructional staff sign all of the above reports? (Supervisory staff when instructional staff is not available) Does supervisory staff (Academic Vice-Principal/Vocational Vice-Principal) review these reports? **Credits are not being recorded on the California Department of Corrections and Rehabilitation Form 154 card or other transcripts. Certificates of completion are not always in the file even when the completion is recorded on the California Department of Corrections and Rehabilitation Form 154. There are no Test of Basic Adult Education chronological reports in the files. Most of the California Department of Corrections and Rehabilitation Form 128E were reviewed by the supervisors but a few were not documented.**

#59 Are Education Files with a copy of the Record of Inmate Achievement (California Department of Corrections and Rehabilitation Form 154) transferred to Central Records when a student leaves education, transfers or paroles? Is the original copy of the Record of Inmate Achievement (California Department of Corrections and Rehabilitation Form 154 or High School Transcript) kept in the Education Office files in perpetuity? Are Education Files prepared for all assigned inmates? Are Bridging Education Program Education Files prepared for all assigned bridging students in the RC and transferred to the GP receiving institution? **The Education Files are not always transferred to Central Records. Sometimes the files are mailed instead, especially for paroling students or former students. Pre-parole lists are not available to the office assistant in charge of the Education Files.**

#74 Is there an Recidivism Reduction Strategy expenditure tracking log maintained by the Principal for the purposes of identifying equipment or materials purchase or provided to the institution for assessments as identified in the Recidivism Reduction Strategy Budget Change Proposal (BCP)? Are inventories of Recidivism Reduction Strategy equipment maintained and current? **No separate Recidivism Reduction Strategies funded equipment inventory is maintained.**

EXECUTIVE SUMMARY

Office of Audits and Compliance

Educational Compliance Branch

ACADEMIC EDUCATION SECTION

II. ACADEMIC EDUCATION:

65% COMPLIANCE

Deficiency:

#4 Is 100% of the California Department of Corrections and Rehabilitation curriculum recording system in-use, accurate, and current? **Most teachers are tracking student progress using the mandated textbooks subject lists. Textbooks subject items do not match California Department of Corrections and Rehabilitation Competency tracking system. One ABE II teacher on Main Education has correlated California Department of Corrections and Rehabilitation competencies with required text books. It is recommended that education supervisory staff consider using his forms by other teachers.**

#5 Does the Permanent Class Record Card (California Department of Corrections and Rehabilitation Form 151) reflect the minimum student contact time of 6.5 hours x-time or 8.5 hours of x-time for 4-10 programs for traditional classes? **The Substance Abuse Program (SAP)/Education program does not accurately report attendance. The inmates are assigned to education full time but spend half day in SAP without appropriate delineation of the Substance Abuse Program vs. Education X-Time recording. Education records all SAP X-Time as education work completed.**

#6 Are Certificates of Completion or Achievement being issued to those students earning them? **Most teachers know about requirements for the issuance of certificates of completion. However, some teachers did not know requirements for issuing a certificate of achievement. It is recommended that copies of the Office of Correctional Education memo describing the requirements for issuance of both certificates be distributed to all teachers.**

#8 Are the required and/or elective credits in the academic subject being taught issued to inmates and recorded on the transcript? **There are no records of any required or elective credits being issued by most academic and vocational teachers. The Principal recently suspended the High School Class. Most teachers are unaware that they can give elective or required credits. Credits can be given as long the student completes assignments and passes a subject matter quiz/exam. It is recommended that the Principal continue to explore ways to implement the issuance of credits in consultation with the Office of Correctional Education. It is also recommended that the High School Class be reactivated as soon as possible especially upon a positive response from the Office of Correctional Education letter sent to State Department of Education.**

EXECUTIVE SUMMARY

Office of Audits and Compliance

Educational Compliance Branch

ACADEMIC EDUCATION SECTION

18 Are the Test of Adult Basic Education testing materials secured in a locked cabinet (mandatory standards)? **The securing of the Test of Adult Basic Education test booklets does not follow the “mandatory standards”. The test materials are stored in a cabinet located in a locked storage room with check out keys. Other test materials are kept at other locations due to the logistics of getting test materials to the teachers. The Test Coordinator has a very good inventory system of test materials for all locations and periodically verifies all test inventories. It is recommended that a memorandum be sent to the Office Correctional Education outlining the alternative methods utilized, justification for this method and the security measures taken to ensure the security of the Test of Adult Basic Education materials.**

#21 Is the Test of Adult Basic Education locator being used when needed to determine which level appropriate Test of Adult Basic Education test to administer? **The Test of Adult Basic Education locator test is available but not used. The Test of Adult Basic Education coordinator used an alternative method for determining the appropriate test level to administer the full battery Test of Adult Basic Education. The Test of Adult Basic Education locator is the recommended method for determining the appropriate test level when there is no test score available.**

#24 Is the Test of Adult Basic Education locator being used when needed to determine which level appropriate Test of Adult Basic Education test to administer? **The Test of Adult Basic Education locator test is not being used, when needed, to determine which level-appropriate Test of Adult Basic Education to administer. The Test of Adult Basic Education locator test is available but not used. The Test of Adult Basic Education coordinator used an alternative method for determining the appropriate test level to administer the full battery Test of Adult Basic Education. The Test of Adult Basic Education locator is the recommended method for determining the appropriate test level when there is no test score available.**

#25 Are teachers using pre-post subtest diagnostic reports for student needs assessment and are they reviewing test scores with inmates? **One Main Education English Language Development teacher uses results to present lessons of common student needs identified by the test. However, she does not review individual results with students.**

#26 Are teachers using the Test of Adult Basic Education test results as a diagnostic tool for individualized instruction and troubleshooting Test of Adult Basic Education score losses in their classes? **One Main Education English Language Development teacher is not using pre or post diagnostic sub tests. She uses the Comprehensive Adult Student Assessment System pre-literacy results only as a diagnostic tool for individualized instruction and troubleshooting. Most teachers have received School Progress Achievement Report Card training.**

EXECUTIVE SUMMARY

Office of Audits and Compliance

Educational Compliance Branch

ACADEMIC EDUCATION SECTION

#28 Are Alternative Education Delivery Model Open Line schedules with dates and times posted in public areas for inmate access to educational services during off work hours? **The only Independent Study teacher does post a schedule with dates and times posted in public areas for inmate access to educational services during off-work hours. However, there at least one education model not approved by the Office of Correctional Education or in concurrence with the Alternative Education Delivery Model Agreement with SCC California Correctional Peace Officers Association and the Alternative Education Delivery Model Operational Manual. There is one full time teacher that is assigned to coordinate General Educational Development and college participation of inmates assigned to 10 southern fire camps that is not approved by the Office of Correctional Education. There is no documentation of California Department of Corrections and Rehabilitation Adult Institutions Division, Division of Education, Vocations, and Offender Programs or the Office of Correctional Education authorization of this Camp Teacher position, title or duty statement. There is no direct supervision by a Principal or Vice-Principal as required by credentialing regulations and Office of Correctional Education policy. The teacher position is assigned to SCC but he has work space at the southern parole office located at 701 South DuPont Street in Ontario and is inappropriately directly supervised by a Correctional Counselor II. There is "functional" supervision provided via long distance by a SCC Vice-Principal. There is no approved Office of Correctional Education program description or accountability requirements. The teacher does not follow California Department of Corrections and Rehabilitation/Office of Correctional Education curriculum requirements. He also primarily coordinates/proctors Coastline College programs and some General Educational Development testing.**

#31 Are teachers awarding inmates certificates for achievement/completion in Alternative Education Delivery Model programs? **Most but not all teachers are aware of when a Certificate of Completion is to be issued. Most teachers do not know when a Certificate of Achievement is to be issued.**

#35 Do all of the Independent Study classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum? **The one Distance Learning teacher teaches "Life Skills" only.**

#37 Is the Alternative Education Delivery Model current enrolled/assigned inmate roster consistently kept updated? Is it given to the Vice-Principal and Principal on at least a weekly basis? **There were no records indicating that the current enrolled/assigned inmate roster is given to the Vice-Principal and Principal on at least a weekly basis.**

EXECUTIVE SUMMARY

Office of Audits and Compliance

Educational Compliance Branch

ACADEMIC EDUCATION SECTION

#64 Are alternate modalities available for use within the housing units for the distant learning program? For example, video, Transforming Lives Network, institutional television, visual worksheets, etc.? **The SCC infrastructure does not have the capability to support or activate an education institutional channel. There are no institution wide education broadcast capabilities. The SCC Education Department will continue to work with SCC Administration and the Office of Correctional Education in addressing broadcasting capability issues. The Transforming Lives Network broadcasts are being recorded on a limited basis for teacher use.**

#65 Is the television specialist recording Transforming Lives Network broadcasting and archiving copies for re-broadcast and individual teacher access? **No broadcast copies are recorded or archived.**

#66 Is the television specialist setting up a broadcast schedule for the school and distributing that schedule to the school faculty? **The SCC infrastructure does not have the capability to support or activate an education institutional channel. There are no institution wide-education broadcast capabilities. The SCC Education Department will continue to work with SCC Administration and the Office of Correctional Education in addressing broadcasting capability issues. The Transforming Lives Network broadcasts are being recorded on a limited basis for teacher use.**

#69 Does the Physical Education teacher follow the California Department of Corrections and Rehabilitation approved selection process for movies? **The Physical Education teacher was previously involved in the movie selection process but contrary to Office of Correctional Education policy, Title 15 and Department Operation Manual regulations, the Television Specialist is inappropriately in charge of the process at this time.**

#71 Is California Department of Corrections and Rehabilitation approved State frameworks curriculum being used and are course outlines present? **The Physical Education teacher did not have a curriculum or course outline. The teacher indicated that he does hold training sessions for inmates to umpire, score games and etc.**

#72 Are health education, physical fitness training and recreational activities being provided to the Special Needs populations? **The Physical Education teacher has not developed any training or recreational activities for the Special Needs population.**

#76 Are health education, physical fitness training and recreational activities being provided to the geriatric population (age 55 and over)? **The Recreation teacher has not developed any health and physical fitness training or recreational activities for the geriatric population. The coach indicated that there were chess, checkers and other board game in which the geriatric population can participate.**

EXECUTIVE SUMMARY

Office of Audits and Compliance

Educational Compliance Branch

VOCATIONAL EDUCATION SECTION

III. VOCATIONAL EDUCATION:

79% COMPLIANCE

Deficiency:

#3 *Are all of the California Department of Corrections and Rehabilitation 128E chronological reports, classroom records and timekeeping documents, current, accurate, and secure?* The teachers said they do not usually receive their students at the start time. The teachers stated the students often arrive late to class by ½ hour or more. Most of the teachers reflect “S” when students are late for class. One teacher indicated he received his students ½ hour late the majority of the time but the Permanent Class Record reflected 6.5 hours for his students. When students do not receive the minimum 6.5 hours of instructional “X” time it should be reported as “S” time. All California Department of Corrections and Rehabilitation Form 128E chronological reports were current.

#6 *Are elective credits in the designated vocational subject being issued to inmates and recorded on the transcript?* The teachers were unaware they could issue elective credits to their students.

#13 *Are all of the vocational programs that have a nationally recognized certification programs participating in that program?* One teacher is not certified in the National Center for Construction Education and Research (NCCER) and can not issue NCCER industry certifications. The Office Services Teacher has not received the Microsoft training to issue Microsoft training industry certification. However, she goes thorough an outside vender at an additional cost to provide this industry certification. The cost will be reduced when she receives Microsoft certification training. The training for both teachers must be approved by the Office of Correctional Education with funding approved by DEVOP.

#18 *Are all of the building trade instructors currently National Center for Construction Education and Research Certified Instructors and have attended the Instructor Certification Training Program (ICTP)?* One of the teachers has not received National Center for Construction Education and Research (NCCER) training. The Office of Correctional Education is planning to provide the training with funding authorization from Division of Education, Vocations and Offender Programs. The teacher is providing training that reflects NCCER requirements with the intent to meet and file the appropriate paperwork when training has been received.

#20 *Are all of the instructors maintaining the confidentiality and maintain restricted access to inmate social security numbers used on the National Center for Construction Education and Research Form 200's?* One of the teachers has not received National Center for Construction Education and Research (NCCER) training and does not use the form 200. The Office of Correctional Education is planning to provide the training with funding authorization from Division of Education, Vocations and Offender Programs.

EXECUTIVE SUMMARY

Office of Audits and Compliance

Educational Compliance Branch

VOCATIONAL EDUCATION SECTION

#25 Are all National Center for Construction Education and Research performance evaluations conducted for each module and a record of the Performance Profile Sheet maintained? **One of the teachers has not received National Center for construction Education and Research (NCCER) training and is not using the NCCER Performance Profile sheet. The Office of Correctional Education is planning to provide the training with funding authorization from Division of Education, Vocations and Offender Programs.**

#26 Upon successful completion of the National Center for Construction Education and Research written and performance evaluation, is the instructor documenting and submitting the Form 200 to the Unit Training Representative (UTR) for signature and forwarding to Office of Correctional Education? **One of the teachers has not received National Center for Construction Education and Research training and can not submit the Form 200. The Office of Correctional Education is planning to provide the training with funding authorization from Division of Education, Vocations and Offender Programs.**

#30 Is the Test of Adult Basic Education locator being used when needed to determine which level appropriate Test of Adult Basic Education test to administer? **The teachers do not use the locator tests to determine test levels. The test coordinator determines the appropriate test level and ensures that the teachers have the appropriate test book and answer sheet.**

#33 Are current Test of Adult Basic Education subtests placed in student's file? **The vast majority of the teachers have copies of the Test of Adult Basic Education subtests. Most of the teachers had placed them in the student files. A couple of the teachers have them in a separate binder.**

EXECUTIVE SUMMARY

Office of Audits and Compliance

Educational Compliance Branch

LIBRARY/LAW LIBRARY SECTION

IV. LIBRARY/LAW LIBRARY:

71% COMPLIANCE

Deficiency:

#1 Does the Principal, Academic Vice-Principal, or Vocational Vice-Principal supervise the library staff? Does the Senior Librarian implement/plan the library program? The Senior Librarian does not implement/plan the entire program.

#4 Is there documentation of GP inmates' access to law library for a minimum of two hours within seven calendar days of their request for legal use, and is there a list showing inmates who request legal access, and those who received access? Sign-in forms for walk-ins; no evidence of an advance request list since size of law library, the hours that it is open and walk-in access allows all to attend—hence there is no evidence that inmates receive 2 hours law access every 7 calendar days.

#14 Does each library in the institution have a current world almanac, an atlas that is no more than three (3) years old, an English language dictionary that is no more than five (5) years old, and a Spanish and English dictionary that is no more than ten (10) years old? A current World Book Almanac and a Spanish-English dictionary less than 10 years old are not in either library.

#16 Does each library in the institution have at least one textbook and two supplemental titles which have copyright dates not more than ten years old representing each vocational and academic program in the institution, a minimum of 100 titles representing high interest/low level reading books, a minimum of 250 multi-ethnic titles, including but not limited to Black American, Asian-American, Hispanic-American (inc. Spanish language) and Native American materials? Each library in the institution does not have at least one textbook and two supplemental titles which have copyright dates not more than ten years old representing each vocational and academic program in the institution. It is recommended that Libraries get lists of textbooks used by academic and vocational classes offered in each yard so that those textbooks can be placed in the yard library. Any exception request by Sierra Conservation Center Education Department to this requirement needs to be addressed by the Office of Correctional Education. The other book collection requirements are being met.

#18 Does the current library collection contain the number of fiction and nonfiction books mandated by California Department of Corrections and Rehabilitation? Does this include any new books purchased through Recidivism Reduction Strategies funding? The main library is short 8571 fiction titles and 7510 non-fiction titles. The Tuolumne library is short 655 fiction titles and 1525 non-fiction titles. Both libraries should set up achievable goals for adding books—begin with fiction titles at the Main library and non-fiction titles at the Tuolumne library. It is recommended that the librarians assess collections for areas that need additional books and begin to build up the collection based on the assessment results.

EXECUTIVE SUMMARY

Office of Audits and Compliance

Educational Compliance Branch

LIBRARY/LAW LIBRARY SECTION

#20 Is there a card catalog or equivalent system that inmates can use to find a book by title, author, or subject matter? Can inmates request books that are not in the library collection? **Both libraries have a “browse and request” method of access—a serious shortcoming that is well below acceptable standards. The librarians are hoping to be able to computerize the card catalog but have no immediate prospect; meanwhile no acceptable access method is in place. One library has a seriously outdated shelf list that should be discarded or updated as soon as possible. Books are well processed when received but no record is kept; it is strongly recommended that each time a book is processed into the collection, a card with the appropriate information for cataloging be made and placed in the empty card catalog. This can be done for items that are on the shelf and also returned items. If computerized collection access can be established, the raw data will be easily available; if not, book style lists, e.g., Black Interest, Science Fiction, etc. can be developed using these cards.**

#25 Are court deadlines verified, and is there documentation that inmates with established court deadlines have priority access to the library? **Main library: Does not verify court deadlines other than looking at them. The librarians do not double check with the court. Tuolumne library: Has no Preferred Legal User problems, there is always space in the library.**

#27 Are adequate supplies available to process library materials, and are there standardized forms for library procedures that are used by all the libraries in the institution? **Standardized forms are not yet in place in each library.**

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
FEDERAL GRANT PROGRAMS SECTION

V. FEDERAL PROGRAMS:

92% COMPLIANCE

Workforce Investment Act Program:

Deficiency:

#27 Have you participated in conferences, workshops and seminars from July 1, 2007– December 31, 2008? If so, provide a list. Mr. Flood has been unable to attend Literacy Learning Lab trainings due to the fact we do not have any substitute teachers available.

COMMENTS ON THE WORKFORCE INVESTMENT ACT SECTION

Four Workforce Investment Act purchased computers are currently being utilized by Vocational Instructors. This is improper use of WIA funds. SCC must develop a Corrective Action Plan to resolve this issue and ensure that those computers are reassigned to Academic staff.

Vocational Technical Education Act Program:

Deficiency

#11 As per the Interagency Agreement (Exhibit A) has the Vocational Instructor received hands-on training regarding current changes in technology and or certification in their field? No funding available for travel and teacher contract issues.

#12 As per the Interagency Agreement (Exhibit A) has the Vocational Instructor attended trade specific seminars and or technology conferences related to their field? No funding available for travel and teacher contract issues.

Elementary and Secondary Education Act (ESEA) Program

Deficiency

#13 Do you verify General Educational Development or High School graduation of the student? If not who does? Verification is done by the Registrar or General Educational Development Examiner at SCC.

EXECUTIVE SUMMARY

Office of Audits and Compliance

Educational Compliance Branch

FEDERAL GRANT PROGRAMS SECTION

#18 Are you receiving Comprehensive Adult Student Assessment System Reports; Suggested Next Level Test, Student Profile, and Student Performance by Competency reports? **No, but monthly at the End of Month, Ms. Casto will ask Mr. Kuerz, Testing Coordinator, to provide these reports.**

#28 *Is the Comprehensive Adult Student Assessment System Employability Test administered to those receiving transitional services?* **The teacher needs to check if the testing coordinator will administer the test to inmates receiving transitional services.**

#30 *Have you participated in conferences, workshops and seminars in the current fiscal year?* **PLATO Training will be conducted at headquarters in Nov. 2008.**

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
SPECIAL PROGRAMS SECTION

IV. SPECIAL PROGRAMS:	N/A	COMPLIANCE
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OVERALL COMPLIANCE RATING: 80%.

Administrative staff is apprised that the ratings presented are to be considered tentative, and are subject to change pending final review by the Assistant Secretary, Office of Audits and Compliance. Significant changes in ratings will be documented with full explanations and forwarded to the Warden within 15 working days after the conclusion of the Compliance Review.

G. Lynn Hada, Principal

October 31, 2008

Raul Romero, Associate Superintendent

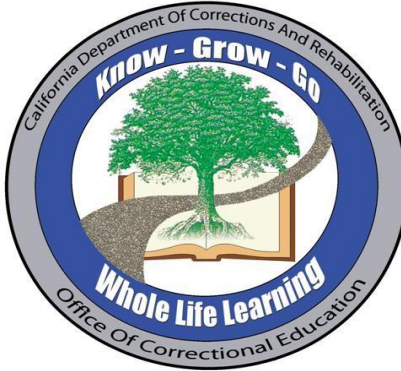
October 31, 2008

* Denotes Developmental Disabilities Program (Clark Remedial Plan) and Physical Disabilities Program (Armstrong)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

OFFICE OF AUDITS AND COMPLIANCE

EDUCATIONAL COMPLIANCE BRANCH



COMPLIANCE REVIEW FINDINGS

Sierra Conservation Center

October 27 through 31, 2008

ADMINISTRATION

G. Lynn Hada

ACADEMIC EDUCATION

Raul Romero, Beverly Penland

VOCATIONAL EDUCATION

Beverly Penland

LIBRARY

Jan Stuter

FEDERAL SUPPLEMENTARY PROGRAMS

Mark Lechich

Ron Callison

Sarita Mehtani

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

No.	Sierra Conservation Center INSTITUTION: (SCC) DATE: October 27-31, 2008 COMPLIANCE TEAM: G. Lynn Hada	Yes/No or NA	COMMENTS
1.	<div style="border: 1px solid black; padding: 2px;">Allotments/Operating Expenses:</div> <ul style="list-style-type: none"> Does the Principal maintain a budget tracking system to monitor the school departments' complete budget? Is there an annual spending plan to determine sub-allotments to programs, expenditures and their balance? 	Yes	
2.	Based upon current policy (amount of budget allotted) does it appear that a viable spending plan is in place in order for allocated funds to be fully utilized by year end?	Yes	
3.	Are funds allocated by Office of Correctional Education available and spent within program areas?	No	<p>There are concerns regarding the budget not being available for General Educational Development testing and classroom supplies. The General Educational Development Testing has been summarily stopped because neither Sierra Conservation Camp Administration/Adult Institutions Division nor the Office of Correctional Education/Division of Education, Vocations and Offender Programs has provided funds to continue the General Educational Development testing process. This is unprecedented in the history of General Educational Development testing and contrary to AB 900 and other education rehabilitation accountability endeavors/ legislative requirements.</p>
4.	Are funds tracked by funding source? General Fund, special Budget Change Proposal funding, Federal and State Grant Programs allocated by Office of Correctional Education?	Yes	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

5.	Are allocated funds for the Bridging Education Programs, including Arts In Corrections (AIC), used to provide program services to inmates?	No	The Arts-in-Corrections funding was not spent but returned to HQ.
6.	Are law library purchases funded by the institution's general budget?	Yes	This item is no longer applicable to the institution. It has been moved to a higher level. The following statement indicates that Office of Correctional Education is attempting to get the Law Library designated funds moved to Program 45 and the California Department of Corrections and Rehabilitation Agency Secretary has been briefed on the problem. The Office of Correctional Education Superintendent on July 3, 2008 provided the following written statement and Budget Change Letter #3 spreadsheet via an email; <i>"Here is the distribution to the field for funding for both the 06/07 and 07/08 Gilmore collection. We have already processed the 08/09 purchases out of our office and they are currently in Procurement. As the 08/09 budget has not been signed we don't have initial 08/09 allotment to the field. The funding in this BC3 is from Program 45 —not the institution Program 25 funds. The Financial Information Memorandum permanently moving Library to education in 2006 is still valid. Due to lack of designated funds we have flagged this to Office of Attorney General and Office of Court Compliance. Furthermore we've briefed Matt Cate and have written a proposal for the funding."</i>
7.	Is the school following the Education Hiring Steps and Responsibilities memo and matrix dated July 13, 2006 instructions when filling vacancies?	Yes	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

8.	Are the Education Monthly Report (EMR) and the Education Daily Report (EDR) accurate and being completed and submitted on a timely basis?	Yes	
9.	Has adequate space and equipment been provided for staff to perform the required duties of the Reception Center/Bridging Education Program, Arts In Corrections program and the Television Specialist?	Yes	
10.	<div style="border: 1px solid black; padding: 2px;">Credentials:</div> Are all instructional and supervisory staff credentialed appropriately within subject matter area where they are assigned?	No	Several teachers and supervisors did not have the appropriate credentials on file in the principal's office.
11.	Does the assigned bridging staff hold appropriate credentials and/or placed in the appropriate Re-Entry classification?	Yes	
12.	<div style="border: 1px solid black; padding: 2px;">Duty Statements:</div> Are 100% of the staff duty statements on file and applicable to current position?	No	Many staff duty statements were outdated or non-existent in the supervisory files.
13.	<div style="border: 1px solid black; padding: 2px;">Operational Procedures:</div> Does the institution have an Operational Procedure that addresses the legislative mandates of the Bridging Education Program?	Yes	
14.	Does the institution have an Operational Procedure for the Education Program? Does it use Department Operation Manual Chapter 10 as an inclusion?	No	The Education Operational Procedure does not reference the Department Operation Manual chapter 10.
15.	<div style="border: 1px solid black; padding: 2px;">Staff Assignments:</div> Does the Principal maintain a current and complete list of all authorized positions and their status?	Yes	
16.	Are all staff appropriately working and/or assigned within the education program?	Yes	
17.	Do all staff within the education program report to, and are under the Principal's supervision?	Yes	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

18.	Is the Bridging Education Program Reception Center/General Population/Arts In Corrections fully staffed with supervisory, instructional and ancillary personnel?	Yes	
19.	Are Re-Entry Program instructors, class code 7581, assigned only to the Bridging Education Program (BEP)?	Yes	
20.	When Bridging Education Program vacancy occurs, is it immediately reclassified to class code 2290 Teacher, High School, General Education?	Yes	
21.	Has the Artist Facilitator been officially assigned to the Education Department?	Yes	
22.	Is there a system in place that is being utilized to ensure the tracking of inmates and their completed assignments during their transition from the Reception Center to the General Population Institution?	Yes	
23.	Has an individual been designated to be responsible for trouble-shooting the equipment and contacting Transforming Lives Network for needed support?	Yes	The TV specialist calls an outside contractor.
24.	When there is a modified program, class closure, etc., is a plan in place to continue to deliver education services and other required educational activities and is the plan always implemented?	Yes	However, the teachers do not go to the dorms. Lesson packets are sent by institution mail, delivered to dorm officers to distribute or other methods are used.
25.	Is the Assessment Office Assistant (OA) performing duties delineated in the Assessment OA duty statement?	Yes	
26.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Alternative Education Delivery Model (AEDM): </div> Is an approved Alternative Education Delivery Model Operational Procedure in place?	Yes	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

27.	Are all of the Alternative Education Delivery Models being locally implemented at the institution in agreement with the California Correctional Peace Officers Association agreement and the institutional Operational Procedure per the Suzan Hubbard memo dated May 5, 2005?	Yes	
28.	Are all Alternative Education Delivery Model positions filled?	Yes	
29.	Do all Alternative Education Delivery Model faculties have the approved Alternative Education Delivery Model Duty Statement with required signatures?	Yes	
30.	Are Alternative Education Delivery Model inmate enrollments/assignments being made based on eligibility criteria of the enrollments/assignment as defined in the course descriptions and guidelines?	Yes	
31.	<ul style="list-style-type: none"> Are all Alternative Education Delivery Model Programs operating as full-time programs that meet the program-wide quotas? Are all approved Alternative Education Delivery Model faculty schedules posted? 	Yes	
32.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Gender Responsive Strategies:</div> Has all education staff received Gender Responsive Strategies training provided by the Female Offender Programs (FOP) institutional administration?	N/A	
33.	Are female inmates' vocational assignments being made based on the eligibility criteria of the vocational assignment as defined in the course descriptions and vocational guidelines?	N/A	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

34.	Certificates of Completion or Achievement: <ul style="list-style-type: none"> Are Certificates of Vocational or Academic Completion being issued to those students earning them and recorded on a tracking system? Are Certificates of Achievement issued to those students who exit the program before the Certification of Completion is earned? 	Yes	
35.	Executive/Supervisory Assignments: Are documented staff meetings held regularly by Principal, Academic Vice-Principal (AVP), and Vocational Vice-Principal (VVP)? (monthly or more)	Yes	
36.	Is the Principal a member of the Warden's Executive Staff?	Yes	
37.	Does all supervisory staff conduct and record classroom visitations and observations on a quarterly basis?	Yes	
38.	<ul style="list-style-type: none"> Does the Academic Vice-Principal/Vocational Vice-Principal provide documented In-Service-Training and On-the-Job-Training? Are all probationary and annual performance evaluations currently due completed? 	No	Approximately one-half of the supervisory files were examined. Several annual performance reviews were past due.
39.	Are supervisors documenting contact with staff and inmates involved in the bridging program?	No	The contacts are done but there is no documentation.
40.	Are Transforming Lives Network quarterly reports being submitted to Office of Correctional Education by the due dates of Oct. 10, January 10, April 10 and July 10?	Yes	
41.	Test of Adult Basic Education: <ul style="list-style-type: none"> Is the Principal trouble shooting Test of Adult Basic Education score losses identified on the School Program Assessment Report Card (SPARC)? Is the principal implementing remedial changes to improve the scores? 	Yes	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

42.	Is there a 4.0 reading level report generated and distributed to appropriate staff?	Yes	
43.	Is a list of inmates who have a verified Learning Disability generated and distributed to appropriate staff?	Yes	
44.	<div style="border: 1px solid black; padding: 2px;">Accreditation:</div> <p>Has the education program been accredited by Western Association of Schools and Colleges (WASC), or has the application for accreditation been submitted to Western Association of Schools and Colleges?</p>	Yes	
45.	<ul style="list-style-type: none"> Is there a continuing Western Association of Schools and Colleges process being followed by the school with the action plans being actively addressed in a timely manner? Is there a leadership team in place and do minutes substantiate regular meetings? 	Yes	
46.	<div style="border: 1px solid black; padding: 2px;">Inmate Enrollment/Attendance:</div> <p>Do Academic, Vocational, Bridging Education Program, Enhanced Outpatient Program and Alternative Education Delivery Model enrollments meet the required program quotas (15:1, 27:1, 54:1, 120:1)?</p>	No	Some classes, especially academic, are not completely filled on a monthly average basis per the Education Monthly Report.
47.	Has the Institution developed an eligibility list for assigning inmates to the Bridging Education Program?	Yes	
48.	Does the Principal maintain a copy of the current inmate assignment waiting list?	Yes	
49.	Is education staff attending Institution Classification Committee (ICC) meetings for input into the placement of inmates into education programs?	Yes	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

50.	<div style="border: 1px solid black; padding: 2px;">Bridging Program:</div> <p>Has the teaching staff met with each inmate upon assignment to the Bridging Education Program?</p>	Yes	
51.	Are all Bridging Education Program eligible inmates receiving an education orientation packet upon arrival to the housing unit?	No	The orientation packet for new arrivals does not mention the Bridging Education Program.
52.	<div style="border: 1px solid black; padding: 2px;">Transforming Lives Network (TLN):</div> <p>Has the Transforming Lives Network satellite dish been installed and operational?</p>	Yes	
53.	Is the Literacy Coordinator (Academic Vice-Principal) designated as the Transforming Lives Network Coordinator?	Yes	
54.	Do the number of inmates being enrolled and the number completing Transforming Lives Network courses agree with the numbers reported to Office of Correctional Education?	Yes	
55.	Has Transforming Lives Network enrollment and completion data been tracked?	Yes	
56.	<div style="border: 1px solid black; padding: 2px;">GED Testing/High School Credit:</div> <ul style="list-style-type: none"> • Is there a High School credit program and General Educational Development (GED) Testing program that follows Office of Correctional Education and State requirements? • Are High School Diplomas and GED Equivalency Certificates issued to qualified inmates? 	Yes	
57.	<div style="border: 1px solid black; padding: 2px;">Inmate Education Advisory Committee:</div> <p>Is there an Inmate Education Advisory Committee established with regularly scheduled monthly meetings?</p>	Yes	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

58.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Education Files</div> <ul style="list-style-type: none"> • Do all of the quarterly California Department of Corrections and Rehabilitation Form 128E and Form 154 (and/or other official student school transcripts) reports contain current and appropriate information that includes credits earned, course completions, etc.? • Does the appropriate instructional staff sign all of the above reports? (Supervisory staff when instructional staff is not available.) • Does supervisory staff (Academic Vice-Principal/Vocational Vice-Principal) review these reports? 	No	Credits are not being recorded on the California Department of Corrections and Rehabilitation Form 154 card or other transcripts. Certificates of completion are not always in the file even when the completion is recorded on the California Department of Corrections and Rehabilitation Form 154. There are no Test of Basic Adult Education chronological reports in the files. Most of the California Department of Corrections and Rehabilitation Form 128E were reviewed by the supervisors but a few were not documented.
59.	<ul style="list-style-type: none"> • Are Education Files with a copy of the Record of Inmate Achievement (California Department of Corrections and Rehabilitation Form 154) transferred to Central Records when a student leaves education, transfers or paroles? • Is there a copy of the Record of Inmate Achievement (California Department of Corrections and Rehabilitation Form 154 or High School Transcript) kept in the Education Office files in perpetuity? • Are Education Files prepared for all assigned inmates? • Are Bridging Education Program Education Files prepared for all assigned bridging students in the Reception Center and are they then transferred to the General Population receiving institution? 	No	The Education Files are not always transferred to Central Records. Sometimes the files are mailed instead, especially for paroling students or former students. Pre-parole lists are not available to the office assistant in charge of the Education Files.
60.	If there are any contracted, Office of Correctional Education sponsored or special programs operating at the institution, have the teachers assigned to these programs received special/related training?	N/A	
61.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Literacy:</div> <p>Are literacy programs available to at least 60% of the eligible prison population?</p>	Yes	Literacy programs were available to 69.1% of the eligible prison population during the month of September.

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

62.	Is there an active Site Literacy Committee that meets and documents quarterly meetings, and is it coordinated by the Principal or an Academic Vice-Principal?	Yes	
63.	Does the Site Literacy Committee discuss the Bridging Education Program as part of its quarterly meetings?	Yes	
64.	Is the institution utilizing at least two alternate resources to implement literacy services for inmates?	Yes	
65.	Is there an established procedure for placing students into any existing Learning Literacy (LLL) lab? (a federally or non-federally funded Computer Aided Instruction /Plato/Computer Lab)	Yes	Students are assigned to the class by the assignment office.
66.	<div style="border: 1px solid black; padding: 2px;">Developmental Disability Program and Disability Placement Program:</div> <p>If this is a Developmental Disability Program and/or a Disability Placement Program site, does the principal have the required documentation that demonstrates adherence to the Court Remedial Plans and California Department of Corrections and Rehabilitation/Office of Correctional Education policies?</p>	N/A	
67.	<div style="border: 1px solid black; padding: 2px;">ESTELLE/Behavior Modification Programs:</div> <p>Is documentation available regarding the original operational intent/concept of the Estelle/Behavior Modification Unit Program and are there actual implementations of the program/programs?</p>	N/A	
68.	Is there an Estelle/Behavior Modification Unit Program monitoring and tracking process in place to record student progress through achievement/progress, data collection, instructional methods, and curriculum?	N/A	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

69.	<div style="border: 1px solid black; padding: 2px;">Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) – Risk and Needs Assessment:</div> <p>Is there an approved Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment Operational Procedure (OP)?</p>	N/A	
70.	Are all Recidivism and Reduction Strategy (RRS) Assessment positions filled (part of Correctional Offender Management Profiling for Alternative Sanctions)?	N/A	
71.	Are all other designated assessment positions filled? Is there a designated supervisor over the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment Program?	N/A	
72.	Do all designated assessment staff have an individual Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) log-on code? Is the security of the code maintained?	N/A	
73.	Does the assessment staff maintain appropriate security of laptop and/or stand-alone computers utilized for the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment Program?	N/A	
74.	<div style="border: 1px solid black; padding: 2px;">Recidivism Reduction Strategies:</div> <ul style="list-style-type: none"> Is there a Recidivism Reduction Strategies expenditure tracking log maintained by the Principal for the purposes of identifying equipment or materials purchase or provided to the institution for assessments as identified in the Recidivism Reduction Strategies Budget Change Proposal (BCP)? Are inventories of Recidivism Reduction Strategies equipment maintained and current? 	No	No separate Recidivism Reduction Strategies funded equipment inventory is maintained.
75.	<div style="border: 1px solid black; padding: 2px;">Recidivism Reduction Strategies Enhanced Outpatient Program:</div> <p>Are all Enhanced Outpatient Program staff hired and in place?</p>	N/A	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

76.	Does the Principal (via the Academic Vice-Principal) supervise the Enhanced Outpatient Program Teacher(s) in accordance with California Department of Corrections and Rehabilitation policy?	N/A	
77.	Have the Enhanced Outpatient Program Teacher(s) received training in performing the required duties as described in the Enhanced Outpatient Program Duty Statement?	N/A	
78.	<div style="border: 1px solid black; padding: 2px;">Multi-Agency Re-entry Program (SB 618):</div> Has the institution interviewed and hired for the Prison Case Manager positions as members of the Multi-Disciplinary team?	N/A	
79.	Are the four vocational programs referenced in Senate Bill 618 in place at the institution?	N/A	
80.	Has a documentation process been established to monitor inmate contact time as well as inmate growth and completion of program?	N/A	
81.	<div style="border: 1px solid black; padding: 2px;">Vocational-Recidivism Reduction Strategies</div> Are all original vocational Recidivism Reduction Strategies (RRS) teacher positions filled and are all classrooms operating?	N/A	
82.	Are all Recidivism Reduction Strategies vocational classes at full enrollment?	N/A	

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

NO.	INSTITUTION: SCC DATE: October 27-31, 2008 COMPLIANCE TEAM: Raul Romero	Yes/No or N/A	COMMENTS
1.	<div style="border: 1px solid black; padding: 2px;">Student Job Descriptions:</div> <p>Are all of the inmate students' job descriptions accurate, complete, signed, and available?</p>	Yes	<p>Students were arriving late for a while but now they are arriving by 0800 hours in the Main Education area. The Tuolumne Education programs are facing some delay particularly with the prioritization of Prison Industry Workers and unit by unit release of students. Also, one teacher reports that education inmate workers not easily available due to high turnover rate in the Main Education area. Students arrive at approximately 0745 hours.</p>
2.	<div style="border: 1px solid black; padding: 2px;">Student Records/Achievements:</div> <p>Do all the of classroom files reflect Test of Adult Basic Education scores that are being administered according to the quarterly testing matrix and that are not over six months old for students under the California Department of Corrections and Rehabilitation Literacy Plan criteria and Office of Correctional Education Test of Adult Basic Education testing requirements?</p>	Yes	<p>The Testing Coordinator provides excellent advance services to teachers by preparing testing notification, prepared answer sheets with a testing list to each teacher receiving students that are in need of testing.</p>
3.	<p>Are all of the California Department of Corrections and Rehabilitation Form 128E chronological reports, classroom records and timekeeping documents, current, accurate, and secure?</p>	Yes	<p>However, a new teacher on Main Education teacher needs more training in the use of required documentation. It is recommended that the Vice-Principal provide training and support to this new teacher that came from the Department of Juvenile Justice.</p>

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

4.	Is 100% of the California Department of Corrections and Rehabilitation curriculum recording system in-use, accurate, and current?	No	Most teachers are tracking student progress using the mandated textbooks subject lists. Textbooks subject items do not match California Department of Corrections and Rehabilitation Competency tracking system. One Adult Basic Education II teacher on Main Education has correlated California Department of Corrections and Rehabilitation competencies with required text books. It is recommended that education supervisory staff consider using his forms by other teachers.
5.	Do 100% of the Permanent Class Record Cards (California Department of Corrections and Rehabilitation Form 151) reflect the minimum student contact time of 6.5 hours x-time or 8.5 hours of x-time for 4-10 programs for traditional classes?	No	The Substance Abuse Program (SAP)/Education program does not accurately report attendance. The inmates are assigned to education full time but spend half day in SAP without appropriate delineation of the Substance Abuse Program vs. Education X-Time recording. Education records all SAP X-Time as education work completed.
6.	Are Certificates of Completion or Achievement being issued to those students earning them?	No	Most teachers know about requirements for the issuance of certificates of completion. However, some teachers did not know requirements for issuing a certificate of achievement. It is recommended that copies of the Office of Correctional Education memo describing the requirements for issuance of both certificates be distributed to all teachers.
7.	<div style="border: 1px solid black; padding: 2px;">Instructional Expectations:</div> Do all of the academic education classes have lesson plans that agree with the California Department of Corrections and Rehabilitation approved curriculum?	Yes	

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

8.	Are the required and/or elective credits in the academic subject being taught issued to inmates and recorded on the transcript?	No	There are no records of any required or elective credits being issued by most academic and vocational teachers. The Principal recently suspended the High School Class. Most teachers are unaware that they can give elective or required credits. Credits can be given as long the student completes assignments and passes a subject matter quiz/exam. It is recommended that the Principal continue to explore ways to implement the issuance of credits in consultation with the Office of Correctional Education. It is also recommended that the High School Class be reactivated as soon as possible especially upon a positive response from the Office of Correctional Education letter sent to State Department of Education.
9.	Do all of the academic education classes have course outlines that agree with the California Department of Corrections and Rehabilitation approved curriculum?	Yes	The adopted standard curriculum provides course descriptions and outlines. In addition one Adult Basic Education II and one Adult Basic Education II/General Educational Development teacher have outstanding course descriptions "syllabus".
10.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Bridging Education Program Instructional Expectations:</div> Is each teacher utilizing the established curriculum for Bridging Education Program and does each teacher have a copy of the curriculum?	Yes	
11.	Are the Test of Adult Basic Education and Comprehensive Adult Student Assessment System being Administered to Bridging Students? Are other assessments being used to assess the inmate job skills?	Yes	The Bridging teachers also administered the "Career Exploration Inventory".

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

12.	Does Bridging Education Program teacher utilize the proper Permanent Class Record Card (California Department of Corrections and Rehabilitation Form 151) and is it up to date and accurate?	Yes	
13.	Has the Bridging Education Program teacher developed a written weekly schedule to include student programs and contacts?	Yes	
14.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Test of Adult Basic Education Testing Coordinator: </div> Are gain/loss reports (School Progress Assessment Report Card) and the Test of Adult Basic Education sub-test reports reviewed/shared with the education supervisors?	Yes	The Test Coordinator is doing an excellent job and provides the Data base to all who needs. It provides the teacher with lists of test scores for their students, lists who when the students need post tests. He is very organized.
15.	Do the Test of Adult Basic Education Coordinator and at least two others have access to a California Department of Corrections and Rehabilitation email address and user account?	Yes	
16.	Does the Test of Adult Basic Education Coordinator have the most recent Test of Adult Basic Education database (within a week)?	Yes	
17.	Are Test of Adult Basic Education testing protocols signed by current staff?	Yes	

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

18.	Are the Test of Adult Basic Education testing materials secured in a locked cabinet (mandatory standards)?	No	The securing of the Test of Adult Basic Education (TABE) test booklets does not follow the "mandatory standards". The test materials are stored in a cabinet located in a locked storage room with check out keys. Other test materials are kept at other locations due to the logistics of getting test materials to the teachers. The Test Coordinator has a very good inventory system of test materials for all locations and periodically verifies all test inventories. It is recommended that a memorandum be sent to the Office Correctional Education outlining the alternative methods utilized, justification for this method and the security measures taken to ensure the security of the TABE test materials.
19.	Is a master inventory of Test of Adult Basic Education test booklets and answer sheets maintained by the testing coordinator?	No	The Test Coordinator was unaware that the answer sheets needed to be inventoried. There was an initial count of answer sheets on the master inventory. It was recommended that a negative count of answer sheets be used utilizing the initial count as the base.
20.	Is the Test of Adult Basic Education binder current and up-to-date with memos, purchase orders and instructions?	Yes	
21.	Is the Test of Adult Basic Education locator test being used when needed to determine which level-appropriate Test of Adult Basic Education test to administer?	No	The Test of Adult Basic Education (TABE) locator test is available but not used. The TABE test coordinator used an alternative method for determining the appropriate test level to administer the full battery TABE test. The TABE locator is the recommended method for determining the appropriate test level when there is no test score available.

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

22.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Teacher-Test of Adult Basic Education Testing</div> <p>Are teachers testing within ten days of the student's initial entry into the classroom, as well as quarterly testing based on the Test of Adult Basic Education matrix?</p>	Yes	
23.	Are the Test of Adult Basic Education tests administered according to the testing matrix?	Yes	
24.	Is the Test of Adult Basic Education locator being used, when needed, to determine which level-appropriate Test of Adult Basic Education test to administer?	No	The Test of Adult Basic Education (TABE) locator test is not being used, when needed, to determine which level-appropriate TABE test to administer. The TABE locator test is available but not used. The TABE test coordinator used an alternative method for determining the appropriate test level to administer the full battery TABE test. The TABE locator is the recommended method for determining the appropriate test level when there is no test score available.
25.	Are teachers using Test of Adult Basic Education pre-post subtest diagnostic reports for student needs assessment and are they reviewing test scores with inmates?	No	One Main Education English Language Development teacher uses results to present lessons of common student needs identified by the test. However, she does not review individual results with students.
26.	Are teachers using the Test of Adult Basic Education pre-post diagnostic subtest test results as a diagnostic tool for individualized instruction and troubleshooting Test of Adult Basic Education score losses in their classes?	No	One Main Education English Language Development teacher is not using pre or post diagnostic sub tests. She uses the Comprehensive Adult Student Assessment System pre-literacy results only as a diagnostic tool for individualized instruction and troubleshooting. Most teachers have received School Progress Achievement Report Card training.

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

27.	Are current Test of Adult Basic Education subtests placed in student's classroom file?	Yes	However, one teacher has all the results, reviews them with students but keeps the results in a separate file.
28.	<div data-bbox="188 436 886 478" style="background-color: #e0e0e0; border: 1px solid black; padding: 2px;">Alternative Education Delivery Models:</div> <p>Are Alternative Education Delivery Model Open Line schedules with dates and times posted in public areas for inmate access to educational services during off work hours?</p>	No\	<p>The only Independent Study teacher does post a schedule with dates and times posted in public areas for inmate access to educational services during off-work hours. However, there at least one education model not approved by the Office of Correctional Education or in concurrence with the Alternative Education Delivery Model Agreement with SCC California Correctional Peace Officers Association and the Alternative Education Delivery Model Operational Manual. There is one full time teacher that is assigned to coordinate General Educational Development and college participation of inmates assigned to 10 southern fire camps that is not approved by the Office of Correctional Education. There is no documentation of California Department of Corrections and Rehabilitation Adult Institutions Division, Division of Education, Vocations, and Offender Programs or the Office of Correctional Education authorization of this Camp Teacher position, title or duty statement. There is no direct supervision by a Principal or Vice-Principal as required by credentialing regulations and Office of Correctional Education policy. The teacher position is assigned to SCC but he has work space at the southern parole office located at 701 South DuPont Street in Ontario and is inappropriately directly supervised by a Correctional Counselor II. There is</p>

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			<p>“functional” supervision provided via long distance by a SCC Vice-Principal. There is no approved Office of Correctional Education program description or accountability requirements. The teacher does not follow California Department of Corrections and Rehabilitation/Office of Correctional Education curriculum requirements. He also primarily coordinates/proctors Coastline College programs and some General Educational Development testing.</p>
29.	<p>Is the Television Specialist and Distance Learning Study Teacher developing a Distance Learning Study Channel schedule of courses, with dates and times, posted in public areas for inmates to review and complete their assignments?</p>	Yes	<p>The SCC infrastructure does not have the capability to support or activate education institutional wide cable channels. The Transforming Lives Network Satellite distribution network is also inoperable. However, living units and other areas have localized ability to broadcast. The Television specialist goes from yard to yard, living unit to living unit providing copies of Transforming Lives Network educational subjects. These are copies made discs purchased from the Transforming Lives Network.</p>

COMPLIANCE REVIEW FINDINGS

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30.	Does the Television Specialist plan, supplement and implement electronic educational coursework with the Distance Learning teacher, utilizing Transforming Lives Network and airing educational programs, such as Kentucky Educational TV General Education Development series on a weekly basis?	Yes	The SCC infrastructure does not have the capability to support or activate education institutional wide cable channels. The Transforming Lives Network Satellite distribution network is also inoperable. However, living units and other areas have localized ability to broadcast. The Television specialist goes from yard to yard, living unit to living unit providing copies of Transforming Lives Network educational subjects. These are copies made discs purchased from the Transforming Lives Network.
31.	Are teachers awarding inmates certificates for achievement/completion in Alternative Education Delivery Model programs?	No	Most but not all teachers are aware of when a Certificate of Completion is to be issued. Most teachers do not know when a Certificate of Achievement is to be issued.
32.	Do all of the Education/Independent Study (half-time) classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	Yes	
33.	Do all of the Education/Work Program (half-time) classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	Yes	However, due to the room size. There are only 20 students in the morning and 20 in the afternoon rather than the 27/27 student quota required by the Office of Correctional Education policy.
34.	Do all of the Distance Learning classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	Yes	
35.	Do all of the Independent Study classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	No	The one Distance Learning teacher teaches "Life Skills" only.

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36.	<ul style="list-style-type: none"> Are teachers testing inmates within ten days of being enrolled or assigned to an Alternative Education Delivery Model program? Are the inmates' Test of Adult Basic Education subtest results analyzed by the teacher for appropriate Alternative Education Delivery Model lesson/class placement? 	Yes	
37.	<ul style="list-style-type: none"> Is the Alternative Education Delivery Model current enrolled/assigned inmate roster consistently kept updated? Is it given to the Vice-Principal and Principal on at least a weekly basis? 	No	There were no records indicating that the current enrolled/assigned inmate roster is given to the Vice-Principal and Principal on at least a weekly basis.
38.	Are students' gains being recorded and tracked?	Yes	
39.	<div style="border: 1px solid black; padding: 2px;">Gender Responsive Strategies:</div> <p>Do all of the academic life skills classes have current course outlines that agree with the Office of Correctional Education/Gender Responsive Strategies (GRS) approved curriculum, i.e.? Women's Conflict and Anger Lifelong Management (W-CALM) (Feb. 2007), Women's Health (July 2007), Women's Parenting (January 2008) Women's Victims (July 2008)?</p>	NA	
40.	Do all of the academic life skills classes have current lesson plans that agree with the Office of Correctional Education/Gender Responsive Strategies approved curriculum?	NA	
41.	<div style="border: 1px solid black; padding: 2px;">ESTELLE and Behavior Modification Unit programs:</div> <p>Is there an effective system in place to track monthly attendance, reporting, and evaluation of assigned inmates, their performance; and participation that allows a clear over-all rating of progress of each student in the Behavior Modification Unit/ESTELLE program?</p>	NA	

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42.	Is there a tracking and evaluation process to determine inmate progress on the Behavior Modification Unit curriculum competencies including Conflict and Anger Lifelong Management and is documentation provided to the Unit Classification Committee every 30 days detailing how the inmates assigned to the Behavior Modification Unit program are performing?	NA	
43.	<ul style="list-style-type: none"> Do ESTELLE students have access to computers as required in the framework of the program for training? Does the teacher have Test of Adult Basic Education scores on all of the students in the program? 	NA	
44.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) – Risk and Needs Assessment: </div> Are assessment teachers conducting assessments on eligible inmates as defined by the current Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Operations Manual?	NA	
45.	Does assessment staff utilize the current standardized Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Tracking Form?	NA	
46.	Are the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) questionnaires shredded daily in accordance with the confidential document procedure?	NA	
47.	Are assessment interviews conducted in a semi-private environment?	NA	
48.	Is appropriate assistance provided to inmates during participation in the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) assessment interview in accordance with departmental policies regarding Effective Communication, the Clark Remedial Plan, and Armstrong mandates?	NA	

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

49.	Security and Order:	Yes	
	Are personal alarms issued to teachers and do they wear whistles and the personal alarms on their person?		
50.	Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan?	Yes	
51.	Pre-Release	Yes	Excellent curriculum topics content for this traditional pre-release program. The room size limits attendance to 22 students. However there is no exemption from the Office of Correctional Education on the 27 student quota policy.
	Does the Pre-Release curriculum contain Life Skills; Communication Skills; Attitude and Self-Esteem; Money Management; Community Resources; Job Application Training; Department of Motor Vehicles Practice Test; and Parole Services?		
52.	Do all of the Pre Release lesson plans contain the objective, handouts, and methods for student evaluation?	Yes	
53.	Is the Pre-Release teacher receiving appropriate institutional and Parole and Community Services Division (P&CSD) staff support?	Yes	
54.	Is the Pre-Release curriculum recording system in-use, accurate, and current and are copies of monthly records maintained?	Yes	
55.	Does the Pre-Release instructor use a variety of teaching methodologies and allow for differentiation of instruction to meet individual learners' needs?	Yes	One teacher is a former special education instructor.
56.	Is the Pre-Release class a full-time program (four days/8.5 hours or five days/6.5 hours)? If no, is there an exemption on file?	Yes	Traditional three week (15 days) Pre Release classroom.
57.	Are all of California Department of Corrections and Rehabilitation Form 128Es (that are used to record all education participation including course completions) and classroom records current and accurate and reflect a full-quota student enrollment?	Yes	
58.	Does the Pre-release Teacher use the Framework for Breaking Barriers?	Yes	

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59.	Does the Pre-release teacher provide the Office of Correctional Education with monthly Pre-release Program reports on time and maintain copies of those monthly Pre-release program reports?	Yes	
60.	<div style="border: 1px solid black; padding: 2px;">Recidivism Reduction Strategies Enhanced Outpatient Program:</div> <p>Is the Enhanced Outpatient Program Teacher a participating member of the Interdisciplinary Treatment Team (IDTT) meetings?</p>	NA	
61.	Is there a current roster of Enhanced Outpatient Program inmates determined eligible by Interdisciplinary Treatment Team (IDTT) and the Enhanced Outpatient Program teacher to receive education services?	NA	
62.	Is the required student assessment for development of the Individualized Treatment and Education Plan completed in accordance with the Enhanced Outpatient Program assessment guidelines timelines?	NA	
63.	Is there documentation of the education services provided to Enhanced Outpatient Program inmates?	NA	
64.	<div style="border: 1px solid black; padding: 2px;">Transforming Lives Network Program:</div> <p>Are alternate modalities available for use within the housing units for the Distance Learning program? For example, video, Transforming Lives Network, institutional television, visual worksheets, etc.?</p>	No	The SCC infrastructure does not have the capability to support or activate an education institutional channel. There are no institution wide education broadcast capabilities. The SCC Education Department will continue to work with SCC Administration and the Office of Correctional Education in addressing broadcasting capability issues. The Transforming Lives Network broadcasts are being recorded on a limited basis for teacher use.
65.	Is the television specialist recording Transforming Lives Network broadcasting and archiving copies for re-broadcast and individual teacher access?	No	No broadcast copies are recorded or archived.

COMPLIANCE REVIEW FINDINGS

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66.	Is the television specialist setting up a broadcast schedule for the school and distributing that schedule to the school faculty?	No	The SCC infrastructure does not have the capability to support or activate an education institutional channel. There are no institution wide education broadcast capabilities. The SCC Education Department will continue to work with SCC Administration and the Office of Correctional Education in addressing broadcasting capability issues. The Transforming Lives Network broadcasts are being recorded on a limited basis for teacher use.
67.	Are school faculty members given the opportunity to provide input into the broadcast schedule?	No	The SCC infrastructure does not have the capability to support or activate an education institutional channel. There are no institution wide education broadcast capabilities. The SCC Education Department will continue to work with SCC Administration and the Office of Correctional Education in addressing broadcasting capability issues. The Transforming Lives Network broadcasts are being recorded on a limited basis for teacher use.
68.	<div style="border: 1px solid black; padding: 2px;">Recreation/Physical Education (P.E.):</div> <p>Is there a current and comprehensive activity schedule for the Recreation and/or Physical Education Program?</p>	Yes	There are three Physical Education Teachers. One serves as the traditional recreation and health-nutrition and special population activities coach. The other two are designated as Physical Fitness Training coaches are to prepare inmates for passing the California Fire physical fitness requirements for inmates assigned to fire camps.

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69.	Does the Physical Education teacher follow the California Department of Corrections and Rehabilitation approved selection process for movies?	No	The Physical Education teacher was previously involved in the movie selection process but contrary to Office of Correctional Education policy, Title 15 and Department Operation Manual regulations, the Television Specialist is inappropriately in charge of the process at this time.
70.	Does the Physical Education teacher have sign-up sheets, team rosters, or other evidence of inmate participation in sports and health education activities?	Yes	
71.	Is California Department of Corrections and Rehabilitation-approved State frameworks curriculum being used and are course outlines present?	No	The Physical Education teacher did not have a curriculum or course outline. The teacher indicated that he does hold training sessions for inmates to umpire, score games and etc.
72.	Are health education, physical fitness training and recreational activities being provided to the Special Needs populations?	No	The Physical Education teacher has not developed any training or recreational activities for the Special Needs population.
73.	Does the Physical Education teacher have a system in place to ensure accountability for state property including sports equipment, clothing and supplies?	Yes	
74.	Are there sufficient supplies, such as board games and sports equipment, to ensure a viable Physical Education program?	Yes	
75.	Are time-keeping records (California Department of Corrections and Rehabilitation Form 1697) on inmates assigned to work for the Physical Education teacher being kept?	Yes	
76.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Recidivism Reduction Strategies (Physical Education):</div> Are health education, physical fitness training and recreational activities being provided to the geriatric population (age 55 and over)?	No	The Recreation teacher has not developed any health and physical fitness training or recreational activities for the geriatric population. The coach indicated that there were chess, checkers and other board game in which the geriatric population can participate.

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

77.	Have the funds for the Recidivism Reduction Strategies funds for the geriatric population been expended for the geriatric population?	Yes	
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COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

NO	INSTITUTION: SCC DATE: October 27-31, 2008 COMPLIANCE TEAM: Beverly Penland	Yes/No or N/A	COMMENTS
1.	<div style="border: 1px solid black; padding: 2px;">Student Job Description:</div> <p>Are all of the inmate students' job descriptions accurate, complete, signed, and available?</p>	Yes	
2.	<div style="border: 1px solid black; padding: 2px;">Student Records/Achievements:</div> <p>Do all of classroom files reflect Test of Adult Basic Education scores that are not over six months old for students under the California Department of Corrections and Rehabilitation Literacy Plan and Office of Correctional Education Test of Adult Basic Education testing criteria?</p>	Yes	
3.	<p>Are all of the California Department of Corrections and Rehabilitation Form 128E chronological reports, classroom records and timekeeping documents, current, accurate, and secure?</p>	No	<p>The teachers said they do not usually receive their students at the start time. The teachers stated the students often arrive late to class by ½ hour or more. Most of the teachers reflect "S" when students are late for class. One teacher indicated he received his students ½ hour late the majority of the time but the Permanent Class Record reflected 6.5 hours for his students. When students do not receive the minimum 6.5 hours of instructional "X" time it should be reported as "S" time. All California Department of Corrections and Rehabilitation Form 128E chronological reports were current.</p>
4.	<p>Is the curriculum recording system in-use, accurate, and current?</p>	Yes	
5.	<p>Does the Permanent Class Record Card (California Department of Corrections and Rehabilitation Form 151) reflect the minimum student contact time of 6.5 hours x-time or 8.5 hours of x-time (on full days) for 4-10 programs?</p>	Yes	
6.	<p>Are elective credits in the designated vocational subject being issued to students and recorded on their transcript in the education file?</p>	No	<p>The teachers were unaware they could issue elective credits to their students.</p>

COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

7.	Are Trade/Industry Certifications being issued and recorded to those students earning them?	Yes	
8.	Are Certificates of Completion or Achievement as appropriate being issued and recorded for those students earning them?	Yes	
9.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Instructional Expectations:</div> Do all of the vocational education classes have course outlines that agree with the California Department of Corrections and Rehabilitation curriculum?	Yes	
10.	Do all of the vocational education classes have lesson plans that agree with the California Department of Corrections and Rehabilitation curriculum?	Yes	
11.	Have the Literacy Implementation Plan sections (applicable to Vocational Education) been incorporated through a core set of literacy materials into the instructional plan and do lesson plans verify this?	Yes	
12.	Are Vocational Instructors conducting and documenting at least four hours of approved related formal classroom training each week for all inmate students?	Yes	

COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

13.	Are all of the vocational programs that have a nationally recognized certification programs participating in that program?	No	One teacher is not certified in the National Center for Construction Education and Research (NCCER) and can not issue NCCER industry certifications. The Office Services Teacher has not received the Microsoft training to issue Microsoft training industry certification. However, she goes thorough an outside vender at an additional cost to provide this industry certification. The cost will be reduced when she receives Microsoft certification training. The training for both teachers must be approved by the Office of Correctional Education with funding approved by Division of Education, Vocations and Offender Programs.
14.	<div style="border: 1px solid black; padding: 2px;">Recidivism Reduction Strategies:</div> Are the Recidivism Reduction Strategies programs issuing trade certifications and/or National Center for Construction Education and Research (NCCER) certifications?	N/A	
15.	<div style="border: 1px solid black; padding: 2px;">National Center for Construction Education and Research:</div> Are all the National Center for Construction Education and Research (NCCER) accreditation guidelines for Standardized Training being used?	Yes	
16.	Are the Building Construction Trades using the Contren Learning Series text books as the primary classroom text book?	Yes	
17.	Do all of the National Center for Construction Education and Research instructors have the resources needed to effectively teach the related trades?	Yes	

COMPLIANCE REVIEW FINDINGS

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18.	Are all of the building trade instructors currently National Center for Construction Education and Research Certified Instructors and have attended the Instructor Certification Training Program (ICTP)?	No	One of the teachers has not received National Center for Construction Education and Research (NCCER) training. The Office of Correctional Education is planning to provide the training with funding authorization from Division of Education, Vocations and Offender Programs. The teacher is providing training that reflects NCCER requirements with the intent to meet and file the appropriate paperwork when training has been received.
19.	Are all of the craft instructors maintaining and conducting record keeping as outlined in the National Center for Construction Education and Research Accreditation Guidelines?	Yes	All teacher currently National Center for Construction Education and Research (NCCER) certified follow the NCCER guidelines
20.	Are all of the instructors maintaining the confidentiality and maintain restricted access to inmate social security numbers used on the National Center for Construction Education and Research Form 200's?	No	One of the teachers has not received National Center for Construction Education and Research (NCCER) training and does not use the form 200. The Office of Correctional Education is planning to provide the training with funding authorization from Division of Education, Vocations and Offender Programs.
21.	Are all of the written National Center for Construction Education and Research tests, National Center for Construction Education and Research test CD-ROMs and National Center for Construction Education and Research answer keys maintained in a secure locked location with an inventory of the tests on hand?	Yes	All teachers currently National Center for Construction Education and Research certified maintain answer keys in a secure locked place along with an inventory.
22.	Are all of the students evaluated based on a 70% minimum passing score on National Center for Construction Education and Research written examinations?	Yes	
23.	Are those students that fail a National Center for Construction Education and Research written test or practical exam required to wait a minimum of 48 hours prior to being retested?	Yes	

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24.	Are 90% or more of the students completing the first six National Center for Construction Education and Research CORE Modules prior to starting the Level 1 for the trade?	Yes	
25.	Are all National Center for Construction Education and Research performance evaluations conducted for each module and a record of the Performance Profile Sheet maintained?	No	One of the teachers has not received National Center for construction Education and Research (NCCER) training and is not using the NCCER Performance Profile sheet. The Office of Correctional Education is planning to provide the training with funding authorization from Division of Education, Vocations and Offender Programs.
26.	Upon successful completion of the National Center for Construction Education and Research written and performance evaluation, is the instructor documenting and submitting the Form 200 to the Unit Training Representative (UTR) for signature and forwarding to Office of Correctional Education within 60 days?	No	One of the teachers has not received National Center for Construction Education and Research training and can not submit the Form 200. The Office of Correctional Education is planning to provide the training with funding authorization from Division of Education, Vocations and Offender Programs.
27.	Are all of the instructors accepting National Center for Construction Education and Research Modules and Completion Certifications issued prior to students being assigned to the vocational class?	Yes	A couple of the programs indicated they have received students who had completed the core at another institution and they did not experience any problems.
28.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Test of Adult Basic Education Testing</div> Are teachers testing within ten days of the student's initial entry into the classroom, as well as quarterly testing based on the Test of Adult Basic Education matrix?	Yes	The teachers do not administer the Test of Adult Basic Education to their students. The testing is being administered by a designated teacher and they are meeting the ten-day requirement.
29.	Are the Test of Adult Basic Education tests administered according to the testing matrix?	Yes	The Test Coordinator notifies the teachers which students are due to post test according to the testing matrix schedule.

COMPLIANCE REVIEW FINDINGS

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30.	Is the Test of Adult Basic Education locator being used, when needed, to determine which level appropriate Test of Adult Basic Education test to administer?	No	The teachers do not use the locator tests to determine test levels. The test coordinator determines the appropriate test level and ensures that the teachers have the appropriate test book and answer sheet.
31.	Are teachers using Test of Adult Basic Education pre-post subtest diagnostic reports for student needs assessment and are they reviewing test scores with inmates?	Yes	
32.	Are teachers using the Test of Adult Basic Education test results as a diagnostic tool for individualized instruction and trouble shooting Test of Adult Basic Education score losses in their classes?	Yes	
33.	Are current Test of Adult Basic Education subtests placed in student's file?	No	The vast majority of the teachers have copies of the Test of Adult Basic Education subtests. Most of the teachers had placed them in the student files. A couple of the teachers have them in a separate binder.
34.	<div style="border: 1px solid black; padding: 2px;">Gender Responsive Strategies:</div> Do all or more of the Gender Responsive Strategies (GRS) vocational classes have current course outlines that agree with the Office of Correctional Education/Gender Responsive Strategies approved curriculum, i.e. Cosmetology, Mill & Cabinet, Cable Technician, etc.?	N/A	
35.	Do all or more of the vocational classes have current lesson plans that agree with the Office of Correctional Education/Gender Responsive Strategies approved curriculum?	N/A	
36.	<div style="border: 1px solid black; padding: 2px;">Security and Order:</div> Are personal alarms issued by institution to instructors and do they wear a whistle and the personal alarms on their person?	Yes	
37.	Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan?	Yes	

COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

38.	Is there an Inmate Safety Committee that conducts and records weekly safety inspections?	Yes	
39.	Is at least one hour per month of safety meetings being held and documented?	Yes	
40.	<div style="border: 1px solid black; padding: 2px;">Trade Advisory Committee:</div> <p>Does the instructor have a documented Trade Advisory Committee that meets at least quarterly?</p>	Yes	All the teachers had Trade Advisory (TAC) members and minutes of the meetings. Most of the teachers attend meetings after hours on their own time. The teachers are very pro active in regards to TAC members and TAC meetings. Several of the teachers have been able to have a TAC member to come into the institution to speak to their students. All of the teachers are to be commended for their efforts in behalf of their TAC meeting and members.
41.	<div style="border: 1px solid black; padding: 2px;">Job Market Analysis:</div> <p>Is a current Employment Development Department Job Market Analysis and/or institutional Job Market Survey on file?</p>	Yes	
42.	<div style="border: 1px solid black; padding: 2px;">Apprenticeship:</div> <p>Is there an active Apprenticeship Training Program?</p>	Yes	Currently only one program has an active apprentice.
43.	If there is an active Apprenticeship Training Program, do inmates meet apprenticeship requirements and receive pay?	Yes	
44.	Does the instructor have a documented active Joint Apprenticeship Committee that meets at least quarterly within the institution?	Yes	Planning a meeting next month

COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

45.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Employee and Community Services Programs. </div> <p>If vocational education programs are participating in Employee Services Programs, are they meeting Department Operation Manual and Penal Code requirements?</p>	Yes	
46.	<p>If vocational education programs are participating in community service projects, are they meeting Department Operation Manual requirements?</p>	Yes	

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

NO	INSTITUTION: SCC DATE: October 27-31, 2008 COMPLIANCE TEAM: Jan Stuter	Yes/No or N/A	COMMENTS
1.	<div style="border: 1px solid black; padding: 2px;">Library Staffing:</div> <ul style="list-style-type: none"> Does the Principal, Academic Vice-Principal, or Vocational Vice-Principal supervise the library staff? Does the Senior Librarian implement/plan the library program? 	No	The Senior Librarian does not implement/plan the entire program.
2.	<div style="border: 1px solid black; padding: 2px;">Department Operations Manual and Department Operations Manual Supplement:</div> <ul style="list-style-type: none"> Is the current Department Operations Manual, Section 53060 available in the main libraries and satellite libraries? Is there a Department Operations Manual library supplement that is brief, and contains no new policies and/or regulations unless they are court-ordered and does the Department Operations Manual supplement reflect the current, actual local library program? 	Yes	Both libraries have the newest library section of the Department Operations Manual available. Supplements are interwoven into the Department Operations Manual and all supplements are included. EXEMPLARY
3.	<div style="border: 1px solid black; padding: 2px;">General Population (GP) Access Hours:</div> <ul style="list-style-type: none"> Are library hours of operation posted where General Population inmates can see them, and do General Population inmates have access to the library during off work hours? Do General Population inmates have regular access to non-legal library services? 	Yes	Posted on outside of the library door and in unit offices. Walk-in access 7 days per week – 3 watches on Mariposa and Calaveras; Walk-in access 6 days per week and 4 nights on Tuolumne.
4.	<div style="border: 1px solid black; padding: 2px;">General Population/Law Library Documentation:</div> <ul style="list-style-type: none"> Is there documentation of General Population inmates' access to law library for a minimum of two hours within seven calendar days of their request for legal use? Is there a list showing inmates who request legal access, and those who received access? 	No	Sign-in forms for walk-ins; no evidence of an advance request list since size of law library, the hours that it is open and walk-in access allows all to attend—hence there is no evidence that inmates receive 2 hours law access every 7 calendar days.

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

5.	Restricted Housing Status Inmate Access: <ul style="list-style-type: none"> • If there are Restricted Housing inmates in the institution, is there a Department Operations Manual supplement relating to their use of the library? • Is there a method for Restricted Housing inmates to request physical access to the law library which includes a list showing Restricted Housing inmates requests for access and inmates who actually used the library and is access granted for a minimum of one two-hour block of time if needed by the inmate, within seven calendar days of a request? 	Yes	Mariposa and Calaveras have no restricted access inmates. Tuolumne yard: the Department Operations Manual Supplement available; no physical access 95% of the time. Instead Administrative Segregation inmates write out requests and the library fills them retaining a carbon copy with original request attached to it for library records. Inmates can get physical access.
6.	Restricted Housing Status Non-Legal Library Services: <p>Do Restricted Housing inmates receive general library services?</p>	Yes	Mariposa and Calaveras have no restricted access inmates. Tuolumne yard: Boxes of discarded library materials in fair to good condition delivered every two to five months depending on need. No further library tracking involved.
7.	Library Expenditures: <ul style="list-style-type: none"> • Are library funds spent for magazines/newspaper subscriptions, fiction and nonfiction books, supplies, processing, repair, and interlibrary loan fees? • If other items are purchased, are they for library use? 	Yes	Fiscal Year 2007/2008 Library funds were spent on magazines/newspapers, supplies, processing and repair, approximately \$6600 for both library programs; Camps \$6198-Supplies \$250; \$1500 books included. Fiction and non-fiction books: Relied on donations only. No funds available for inter- library loan membership in current fiscal year.
8.	Inmate Welfare Funds (IWF) Expenditure: <p>Are Inmate Welfare Funds used to purchase newspapers, magazines, and paperback fiction books, etc.?</p>	Yes	\$1763 was spent for large print books for both libraries.

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

9.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Law Library Expenditure:</div> <ul style="list-style-type: none"> • Does the Senior Librarian understand the process associated with receiving the mandated law discs/books through the warehouse or mail room? • Are the Stock Received Reports completed and submitted to the Regional Accounting Office? 	Yes	
10.	<ul style="list-style-type: none"> • Are all received mandated law books and discs made available to inmates in a timely manner? • Are the discs timely loaded on the Law Library Electronic Data System computer? • Are the law books shelved promptly? 	Yes	
11.	<ul style="list-style-type: none"> • Are law library discs checked in by the Associate Information Specialist Analyst? • If not, who checks them? 	Yes	
12.	Does the librarian know what steps to take if a mandated law library book or disc is not received when it should be?	Yes	
13.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Library Book Stock - Quality, Part I:</div> <ul style="list-style-type: none"> • Within the entire institution's libraries, is there at least one encyclopedia with a copyright date within the last five years and one unabridged dictionary (no older than five years)? • Does the library program have at least three directories relevant to the questions asked by the population served? 	Yes	
14.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Library Book Stock - Quality, Part II:</div> <p>Does each library in the institution have a current world almanac, an atlas that is no more than three years old, an English language dictionary that is no more than five years old, and a Spanish and English dictionary that is no more than ten years old?</p>	No	A current World Book Almanac and a Spanish-English dictionary less than 10 years old are not in either library.

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

15.	<div style="border: 1px solid black; padding: 2px;">Library Book Stock - Quality, Part III:</div> <ul style="list-style-type: none"> • Does each library regularly inspect the physical condition of their books? • Does the library program have a book repair procedure 	Yes	
16.	<div style="border: 1px solid black; padding: 2px;">Library Book Stock - Quality, Educational Support, Literacy, Multi-Ethnicity:</div> <p>Does each library in the institution have at least one textbook and two supplemental titles which have copyright dates not more than ten years old representing each vocational and academic program in the institution, a minimum of 100 titles representing high interest/low level reading books, a minimum of 250 multi-ethnic titles, including but not limited to Black American, Asian-American, Hispanic-American (including Spanish language) and Native American materials?</p>	No	<p>Each library in the institution does not have at least one textbook and two supplemental titles which have copyright dates not more than ten years old representing each vocational and academic program in the institution. It is recommended that Libraries get lists of textbooks used by academic and vocational classes offered in each yard so that those textbooks can be placed in the yard library. Any exception request by Sierra Conservation Center Education Department to this requirement needs to be addressed by the Office of Correctional Education. The other book collection requirements are being met.</p>
17.	<div style="border: 1px solid black; padding: 2px;">Library Book Stock - User Orientation:</div> <ul style="list-style-type: none"> • Are book collections designed to meet the needs and interests of the inmate population served? • Does the librarian regularly meet with an inmate library advisory group, and does the library maintain a suggestion box? 	Yes	

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

18.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Library Book Stock - Quantity: (Department Operations Manual Book Aug) </div> <ul style="list-style-type: none"> Does the current library collection contain the number of fiction and nonfiction books mandated by California Department of Corrections and Rehabilitation? Does this include any new books purchased through Recidivism Reduction Strategies (RRS) funding? 	No	<p>The main library is short 8571 fiction titles and 7510 non-fiction titles. The Tuolumne library is short 655 fiction titles and 1525 non-fiction titles. Both libraries should set up achievable goals for adding books—begin with fiction titles at the Main library and non-fiction titles at the Tuolumne library. It is recommended that the librarians assess collections for areas that need additional books and begin to build up the collection based on the assessment results.</p>
19.	Have all books purchased through the Recidivism Reduction Strategies funds been received, shelved, and inmate use tracked?	Yes	

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

20.	<div data-bbox="186 254 885 300" data-label="Section-Header"> Book Access: </div> <ul style="list-style-type: none"> Is there a card catalog or equivalent system that inmates can use to find a book by title, author, or subject matter? Can inmates request books that are not in the library collection? 	No	<p>Both libraries have a “browse and request” method of access—a serious shortcoming that is well below acceptable standards. The librarians are hoping to be able to computerize the card catalog but have no immediate prospect; meanwhile no acceptable access method is in place. One library has a seriously outdated shelf list that should be discarded or updated as soon as possible. Books are well processed when received but no record is kept; it is strongly recommended that each time a book is processed into the collection, a card with the appropriate information for cataloging be made and placed in the empty card catalog. This can be done for items that are on the shelf and also returned items. If computerized collection access can be established, the raw data will be easily available; if not, book style lists, e.g., Black Interest, Science Fiction, etc. can be developed using these cards.</p>
21.	<div data-bbox="186 1425 885 1472" data-label="Section-Header"> Circulation: </div> <p>Is there an adequate library book checkout system in place and an adequate overdue system in use?</p>	Yes	<p>A manual system is in place in both libraries; it is recommended that Tuolumne look at the Main Library’s check-out system and both libraries adopt the best system so that they are standardized.</p>

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

22.	Mandated Law Library/California Code of Regulations, Department Operations Manual <ul style="list-style-type: none"> • Are the Gilmore v. Lynch mandated law books up to date? • Does the library collection have the most current California Code of Regulations/Title 15 in English and Spanish? • Is there a method of displaying proposed and actual revisions of California Code of Regulations/Title 15 for the inmate population, and does each library have a complete up-to-date Department Operations Manual? • Are all the Law Library Electronic Data System computers up-to-date and operating in each library? 	Yes	All Law Library computers are operating; both libraries have the most current Title 15 in English and Spanish and a complete up-to-date Department Operations Manual. Title 15 revisions are not displayed; they are maintained in 3 ring binders. It is recommended that, at the least, a wall sign indicating availability be posted.
23.	Law Library - American Disability Act (ADA): Are American Disability Act mandatory postings present in the library?	Yes	
24.	Circulating Law Library: Is a procedure for accessing the Circulating Law Library in place?	N/A	HQ is dealing with this issue.
25.	Court Deadlines: Are court deadlines verified, and is there documentation that inmates with established court deadlines have priority access to the library?	No	Main library: Does not verify court deadlines other than looking at them. The librarians do not double check with the court. Tuolumne library: Has no Preferred Legal User problems, there is always space in the library.
26.	Law Library Forms and Supplies: Do inmates have access to court required forms; are required legal supplies adequate and available; are procedures to distribute forms and supplies appropriate; and do all law libraries follow the same law library procedures?	Yes	Except law library procedures differ on minor points and these should be standardized.

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

27.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">General Library Forms and Supplies:</div> <p>Are adequate supplies available to process library materials, and are there standardized forms for library procedures that are used by all the libraries in the institution?</p>	No	Standardized forms are not yet in place in each library.
28.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Inmate Clerk Training:</div> <ul style="list-style-type: none"> Do inmate library/law library clerks receive documented training? Are training records maintained for each inmate employee? <p>Do inmate clerks receive training on a regular basis in law library and general library processes?</p>	Yes	Library staff is revising Law Library training program book and using it to train inmates on regular basis. Exemplary on Tuolumne yard.
29.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Security and Order:</div> <ul style="list-style-type: none"> Are personal alarms issued by institution to library staff; does library staff wear a whistle and the issued personal alarms? <p>Are exits clearly marked and evacuation plans posted in accordance with the institution's emergency evacuation plan?</p>	Yes	

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

	INSTITUTION: SCC DATE: October 27-31, 2008 COMPLIANCE TEAM: Mark Lechich	Yes/No or NA	COMMENTS
1.	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> Duty Description/Credentials – Literacy Learning Lab </div> Do you have a current duty statement on file (within one year)?	Yes	Mr. Flood is the Literacy Learning Lab teacher at SCC.
2.	Do you have a valid credential on file?	Yes	Valid credential with teacher and in the Education Office.
3.	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> Security/Order – Literacy Learning Lab </div> Are personal alarms issued by the institution to teaching staff and worn?	Yes	Mr. Flood also has a whistle.
4.	Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan?	Yes	Exit sign is above the door and the evacuation plans are on the right side of the exit doors.
5.	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> Supervisory/Support – Literacy Learning Lab </div> Do you receive support from your supervisor and other educational staff?	Yes	Good support from Ms. Barretta, SAI.
6.	Does the Vice-Principal visit/observe your class? Does the Principal visit/observe your class? Do you maintain a sign-in log?	Yes	She visits often and also calls to check on things regularly. Mr. Cone, new Principal, has been by once.
7.	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> Inmate Enrollment – Literacy Learning Lab </div> Do you maintain a minimum enrollment of 27 students?	Yes	27 students per day.
8.	Do students receive direct/group instruction?	Yes	When needed students receive direct/one on one instruction from the Mr. Flood.
9.	Is the Literacy Learning Lab a "self contained" program?	Yes	

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

10.	Student Records/Testing Achievements – Literacy Learning Lab Do you verify non-General Education Development or non-High School graduation of the student?	Yes	27 students per day.
11.	Do you start a student record file upon the student entering the Literacy Learning Lab program?	Yes	When needed students receive direct/one on one instruction from the Mr. Flood.
12.	Does each student have a current Test of Adult Basic Education score? <i>If not, do you refer the student for testing?</i>	Yes	
13.	Do you assess student's basic skill level? <i>Describe</i>	Yes	27 students per day.
14.	Are at least 90% of the California Department of Corrections and Rehabilitation Form 128E chronological reports, classroom records and accountability documents current, accurate and secured?	Yes	When needed students receive direct/one on one instruction from the Mr. Flood.
15.	Are the Student Files current (incl. Test of Adult Basic Education scores and any other assessment scores)? <i>Review</i>	Yes	
16.	Is there a current Student Job Description on file?	Yes	27 students per day.
17.	Instructional Expectations – Literacy Learning Lab Do you use the approved California Department of Corrections and Rehabilitation Competency Based Adult Basic Education curriculum?	Yes	Incorporated in computer software.
18.	Are differentiated instructional methods used? <i>Describe</i>	Yes	One on one teacher and student.
19.	Do students track their own progress?	Yes	Students receive assignment work weekly and they track their PLATO progress from the software.

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

20.	Do the students receive computer orientation? Is there continuous training? Describe	Yes	The teacher and/or clerk will do the orientation and on going training, if needed, with each new student.
21.	Do you maintain course outlines and lesson plans? Review files	Yes	Competencies are checked off through the software by teacher and students.
22.	Do you use alternative assessment instruments (besides the required Test of Adult Basic Education), to determine a student's instructional plan? Describe	Yes	CASAS, TABE math scores, and Reading Plus program.
23.	Do students spend an average of six months of instructional time enrolled in the program?	Yes	Students stay an average of six months.
24.	Other Services – Literacy Learning Lab Do you refer students to other services, i.e. medical? Describe the process	Yes	Teacher will contact medical only if necessary.
25.	Do you provide the students career-related information?	Yes	Job related activities, goal setting and other life skills such as the PLATO software.
26.	Do you have student aides? If so, how many and how are they used?	Yes	Student Aide and Clerk. They provide tutoring and clerical support for the Literacy Learning Lab.
27.	Training – Literacy Learning Lab Have you participated in conferences, workshops and seminars from July 1, 2007–December 31, 2008? If so, provide a list.	No	Mr. Flood has been unable to attend Literacy Learning Lab trainings due to the fact we do not have any substitute teachers available.
28.	Expenses – Literacy Learning Lab Are spending levels appropriate for material purchases and training to support program needs?	Yes	Mr. Flood is satisfied with the spending levels. However he is disappointed he did not receive more computers he wanted 15.

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

29.	Equipment – Literacy Learning Lab Do you maintain a complete and current inventory of equipment? Is equipment tagged with a Workforce Investment Act property tag? Conduct an inventory	Yes	The Workforce Investment Act Inventory is accurate and complete.
30.	Is your software appropriately maintained by PLATO's technical field staff?	Yes	SCC's Literacy Learning Lab needs to install the Reading Horizons software. It has not been installed on the server.
31.	Do you register all new software purchases with the Associate Information Systems Analyst?	Yes	The Senior Information Systems Analyst is aware of all software used in Literacy Learning Lab.
32.	Committees/Meetings – Literacy Learning Lab How often do you meet with the referral teacher for consultation on a student?	N/A	
33.	CASAS/TOPSprou Management Information System (MIS) Coordinator Have you been trained in the area of California Accountability and the TOPSprou Management Information System to appropriately perform your duties as a Comprehensive Adult Student Assessment System Coordinator? When was the date of the last training? Dates of last trainings	Yes	Mr. Kuerz attended the April, 2008 and the October, 2008 TOPSprou training conducted by the WIA Administrator.
34.	Do you have an adequate amount of Comprehensive Adult Student Assessment System (CASAS) testing materials to implement CASAS? Explain the CASAS testing procedures at your institution.	Yes	SCC has an adequate amount of testing materials. Sign-Out and Sign-In sheet is used to track test booklets and test records.
35.	Are the Comprehensive Adult Student Assessment System testing materials appropriately inventoried and secured?	Yes	Locked in cabinet in secured Hot Room and locked in Main Education Office.
36.	Are you using the latest version of the TOPSprou Management Information System software?	Yes	TOPSprou version 5.0 Build 31.

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

37.	Is the hardware equipment (Scantron machine) and software (TOPSpro Management Information System) used to implement Comprehensive Adult Student Assessment System appropriately maintained?	Yes	The computer is in good shape. The scanner works well.
38.	Do you provide each teacher with a Student Performance by Competency Report to assistance them in preparing lesson plans?	Yes	Student Performance by Competency Report for teacher and student. Teacher also receives the Student Gains by Class Report.
39.	Do you know how to generate the California Payment Point Report? Can you generate a Preliminary Payment Point Report?	Yes	Mr. Kuerz checks the report monthly. This information assists the Coordinator with data cleaning.
40	Are the appropriate students receiving and completing the Core Performance Surveys? <i>Explain the process in place to ensure that students are receiving the surveys.</i>	Yes	If the ex-student is still at the institution the CASAS Coordinator locates student to complete survey and submit to the WIA Administrator.
41.	Can you generate an up to date list of students that will be receiving the Core Performance Survey for the past quarter?	Yes	First Quarter data showed "No Students Qualified". CASAS Coordinator will locate ex-students to have him fill out survey.
42.	Can you generate a Data Integrity site review?	Yes	Data Integrity Report is used for assisting Coordinator to locate errors in the data. SCC has 13.8% conservative estimate pretest (diamond).
43.	Can you generate a Student Gains by Class Report? Can you produce five student Entry/Update records and Pre/Post Test records? (Check reports with Student Gains by Class Report and Student Lister. Dates, testing books, and scores should match between records)	Yes	This report is given to the teachers to account for the students learning gains. All records matched. Mr. Kuerz is a dedicated Comprehensive Adult Student Assessment System Coordinator.

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANTS PROGRAMS SECTION

Elementary and Secondary Education Act (ESEA) Program

Comments:

Four Workforce Investment Act purchased computers are currently being utilized by Vocational Instructors. This is improper use of WIA funds. SCC must develop a Corrective Action Plan to resolve this issue and ensure that those computers are reassigned to Academic staff.

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANTS PROGRAMS SECTION

Carl D. Perkins Act
Vocational and Technical Education Act Grant

No.	INSTITUTION: SCC DATE: October 27-31, 2008 COMPLIANCE TEAM: Ron Callison	Yes/No or N/A	COMMENTS															
1.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Inmate Enrollment</div> <p>Is the class meeting the Office of Correctional Education required enrollment quota? (Note the actual enrollment in the comments section).</p>	Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Program</th> <th style="width: 20%;">Quota</th> <th style="width: 20%;">Enrolled</th> </tr> </thead> <tbody> <tr> <td>1. Welding</td> <td>27</td> <td>27</td> </tr> <tr> <td>2. Graphics Arts</td> <td>27</td> <td>37 (SAP)</td> </tr> <tr> <td>3. Mill and Cabinet</td> <td>27</td> <td>27</td> </tr> <tr> <td>4. Office Services and Related Tech</td> <td>27</td> <td>36 (SAP)</td> </tr> </tbody> </table>	Program	Quota	Enrolled	1. Welding	27	27	2. Graphics Arts	27	37 (SAP)	3. Mill and Cabinet	27	27	4. Office Services and Related Tech	27	36 (SAP)
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3. Mill and Cabinet	27	27																
4. Office Services and Related Tech	27	36 (SAP)																
2.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Equipment Inventory</div> <p>Is the Vocational and Technical Education Act equipment properly tagged? (Note the condition of equipment in the comments section).</p>	Yes	<p><i>Condition of equipment:</i></p> <p><i>Good</i></p>															
3.	Is Vocational and Technical Education Act equipment used for the intended purpose?	Yes																
4.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Student Achievements Records/Testing </div> <p>Are course completions being issued for Office of Correctional Education program training requirements?</p> <ul style="list-style-type: none"> ▪ How many students are trained per year? <p>(Note the number of students trained per year in the comments section).</p>	Yes	<p>Number of students trained per yr.</p> <p>Program</p> <p>#1: 48</p> <p>#2: 50</p> <p>#3: 70</p> <p>#4: 60</p> <p>Total: 228</p>															
5.	Do Student files verify equipment training on California Department of Corrections and Rehabilitation Form 128E?	Yes																

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANTS PROGRAMS SECTION

Carl D. Perkins Act
Vocational and Technical Education Act Grant

6.	Is the Office of Correctional Education-approved curriculum and recording system in use?	Yes																																									
7.	Are lesson plans in accordance with Office of Correctional Education guidelines?	Yes																																									
8.	<div>Related Training</div> <p>Is safety and literacy training taking place in accordance with Office of Correctional Education guidelines?</p>	Yes																																									
9.	<div>Vocational Classroom Physical Access</div> <p>Are students able to get physical to the vocational shops over 50% of the time? (Note the "X" and "S" time for the last two prior months).</p>	Yes	<table><tr><th colspan="5">Over a two month period</th></tr><tr><th>Prog.</th><th colspan="2">1st month</th><th colspan="2">2nd month</th></tr><tr><th></th><th>X</th><th>S</th><th>X</th><th>S</th></tr><tr><td>#1:</td><td>1967</td><td>868</td><td>2461</td><td>1049</td></tr><tr><td>#2</td><td>3340</td><td>151</td><td>3985</td><td>418</td></tr><tr><td>#3</td><td>1608</td><td>688</td><td>2388</td><td>680</td></tr><tr><td>#4</td><td>3271</td><td>481</td><td>3195</td><td>1193</td></tr><tr><td>Totals:</td><td>10,186</td><td>2,188</td><td>12,029</td><td>3,340</td></tr></table>	Over a two month period					Prog.	1 st month		2 nd month			X	S	X	S	#1:	1967	868	2461	1049	#2	3340	151	3985	418	#3	1608	688	2388	680	#4	3271	481	3195	1193	Totals:	10,186	2,188	12,029	3,340
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Totals:	10,186	2,188	12,029	3,340																																							
10.	<div>Trade Advisory Committee</div> <p>Are quarterly meetings held and minutes kept?</p> <p><i>(Note the Number of Trade Advisory Committee members, number in the comments section).</i></p>	Yes	Number of TAC members: Program #1 3 Program #2 11 Program #3 3 Program #3 12 Total members: 29																																								
11.	As per the Interagency Agreement (Exhibit A) has the Vocational Instructor received hands-on training regarding current changes in technology and or certification in their field?	No	No funding available for travel and teacher contract issues.																																								
12.	As per the Interagency Agreement (Exhibit A) has the Vocational Instructor attended trade specific seminars and or technology conferences related to their field?	No	No funding available for travel and teacher contract issues.																																								

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANTS PROGRAMS SECTION

Carl D. Perkins Act
Vocational and Technical Education Act Grant

13.	<div style="border: 1px solid black; background-color: #f0f0f0; padding: 5px; margin-bottom: 5px;"> Supplemental Areas (not counted for points on the overall Compliance Review) </div> <p>Apprenticeship:</p> <ul style="list-style-type: none"> ▪ Number of apprentices_____ ▪ Institutional Pay_____ ▪ Union/Company Affiliation_____ <p>_____</p> <ul style="list-style-type: none"> ▪ Current DAS Form_____ ▪ OJT Work Logged_____ <p>Less than 5 years_____</p>	No	
14.	<p>Is the shop clean?</p> <p>(Note the cleanliness and general maintenance of the shop in the comments section).</p>	Yes	

2007/2008 COMPLIANCE OVERVIEW

FEDERAL GRANTS PROGRAMS SECTION

Elementary and Secondary Education Act (ESEA) Program

No.	INSTITUTION: SCC DATE: October 28, 2008 COMPLIANCE TEAM: Sarita Mehtani	Yes/No OR N/A	COMMENTS
1.	<div style="border: 1px solid black; padding: 2px;"> Duty Statement/Job Description/ Credentials </div> Do you have a current duty statement on file (within one year)?	Yes	
2.	Do you have a valid credential on file?	N/A	
3.	<div style="border: 1px solid black; padding: 2px;"> Security/Order </div> Are personal alarms issued by the institution to teaching staff, and worn?	Yes	
4.	Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan?	Yes	
5.	<div style="border: 1px solid black; padding: 2px;"> Supervisory/Support </div> Do you receive support from your supervisor and other educational staff?	Yes	Supervisor and other education staff are very supportive.
6.	Do you advertise the Title I Program? Describe what methods you use to advertise this program.	Yes	During classification, the supervisors provide information about the program.
7.	Does the Vice-Principal or Principal visit/observe your class? How often? Do you maintain a sign-in log?	Yes	Mr. Conley visits her program almost daily. Formal Written Quarterly Review done by J. Barretta, Academic Vice-Principal.
8.	<div style="border: 1px solid black; padding: 2px;"> Inmate Enrollment </div> Do you have any involvement with the Inmate Assignment Office? Describe.	Yes	Assignment office provides her with an under 21 list. She works closely with them and has a good rapport.
9.	Do you have students enrolled in your program for academic instruction only? Currently, how many students are receiving only academic instruction?	Yes	20

2007/2008 COMPLIANCE OVERVIEW

FEDERAL GRANTS PROGRAMS SECTION

Elementary and Secondary Education Act (ESEA) Program

10.	Do you have students enrolled in your program for Transitional Services only? Currently, how many students are receiving only Transitional Services?	Yes	5
11.	Have enrolled Elementary and Secondary Education Act students read and signed The Attendance and Performance Agreement?	Yes	
12.	Have enrolled Elementary and Secondary Education Act students signed an Inmate Trust Withdrawal covering classroom equipment and supplies?	Yes	
13.	<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> Student Achievements Records/Testing </div> Do you verify General Educational Development or High School graduation of the student? If not who does?	No	Done by Registrar or General Educational Development Examiner at SCC.
14.	Do you maintain the student record file and portfolio? When do you begin the development of the student record file and portfolio?	Yes	As soon as student is interviewed.
15.	Are at least 90% of the California Department of Corrections and Rehabilitation Form 128E's, classroom records and accountability documents current, accurate and secured? REVIEW	Yes	With the exception of California Department of Corrections and Rehabilitation Form 128E's. Ms. Casto will obtain copies of California Department of Corrections and Rehabilitation Form 128E's from the regular classroom teachers and put them in student's folders.
16.	Do you have current students' Test of Basic Adult Education scores? If not, do you refer the students for testing?	Yes	
17.	Is the Plato system used as a supplement to your academic instruction? EXPLAIN	Yes	During the current year PLATO has not been used frequently as most students have been working on high school diploma.

2007/2008 COMPLIANCE OVERVIEW

FEDERAL GRANTS PROGRAMS SECTION

Elementary and Secondary Education Act (ESEA) Program

18.	Are you receiving Comprehensive Adult Student Assessment System Reports; Suggested Next Level Test, Student Profile, and Student Performance by Competency reports? Describe	No	Monthly at the End of Month, Ms. Casto will ask Mr. Kuerz, Testing Coordinator, to provide these reports.
19.	Do you use any other student assessment to assist student placement? Indicate the names of those assessment tools.	Yes	Ms. Casto interviews students and asks him questions about his ability in different areas. Asks for demonstration from student.
20.	Instructional Expectations Do you Interview each eligible student before placing him in the class?	Yes	
21.	Do you use the approved CDC Competency Based ABE curriculum?	Yes	
22.	Do you utilize different instructional modalities in your program? Describe	Yes	Computer Assisted Instruction; One-to-One and Small Group Instruction.
23.	Are CASAS and Plato report printouts shared with students and placed in their ESEA classroom file?	Yes	
24.	Do the students receive computer orientation? If so, who provides this training? Is there continuous training?	Yes	The inmate clerk provides training and assistance.
25.	Do you develop an individual course of study for each student? EXPLAIN	Yes	After the interview, at the bottom of the interview sheet, Ms. Casto records the course of study for that student.
26.	Do you have a schedule and a list of assigned students? EXPLAIN	Yes	
27.	Do all the classes utilize the ESEA program services? Name those programs that use the ESEA Program services.	Yes	Distance Learning, Bridging, Physical Fitness Training, All Academic and Vocational Programs.

2007/2008 COMPLIANCE OVERVIEW

FEDERAL GRANTS PROGRAMS SECTION

Elementary and Secondary Education Act (ESEA) Program

28.	Transitional Services Is the Comprehensive Adult Student Assessment System Employability Test administered to those receiving transitional services?	No	Need to check if the testing coordinator will administer the test to inmates receiving transitional services.
29.	Do you provide the students career-related information?	Yes	
30.	Training Have you participated in conferences, workshops and seminars in the current fiscal year? If so, provide a list.	No	PLATO Training will be conducted at headquarters in November 2008.
31.	Equipment Is your inventory of equipment current? <i>Provide a list.</i>	Yes	
32.	Is equipment tagged with an Improving America's Schools Act/Elementary and Secondary Education Act property tag? <i>Conduct an inventory.</i>	Yes	
33.	Committees/Meetings Do you participate in the institution's quarterly Site Literacy Committee meetings?	Yes	
34.	Do you participate in school and/or institutional programs/projects? EXPLAIN	Yes	Western Association of Schools and College Accreditation Committees, Site Literacy Meetings, Distance Learning-Evening Literacy and Distance Learning-General Educational Development Preparation; College.
35.	Do you meet with the referral teacher for consultation about a student? How often?	Yes	All the time.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS

INMATE
APPEALS

SIERRA CONSERVATION CENTER
OCTOBER 20 THROUGH OCTOBER 31, 2008

The seal of the California Department of Corrections and Rehabilitation is a circular emblem. It features a green outer ring with the text "DEPARTMENT OF CORRECTIONS AND REHABILITATION" at the top and "STATE OF CALIFORNIA" at the bottom, separated by two gold stars. The center of the seal depicts a golden scale of justice and a map of California.

PRELIMINARY

CONDUCTED BY

INMATE APPEALS BRANCH

FINAL REPORT
INMATE APPEALS AUDIT
SIERRA CONSERVATION CENTER
October 27 – October 31, 2008

Review Team: M. Casey, Correctional Counselor II, Folsom State Prison
N. Lopez, Correctional Counselor II, Avenal State Prison

SUMMARY CHART

AREA REVIEWED		RATING 2008
	Score	Page No.
OVERALL RATING	89	1
A. ACCESS TO INMATE APPEALS	80	2
B. TRACKING/FILING APPEALS	96	3
C. PREPARATION OF APPEALS	96	4
D. TIMEFRAMES	87	5
E. APPEAL RESPONSES	96	6
F. SPECIALIZED PROCESSING OF APPEALS	100	7
G. TRAINING and OFFICE STAFFING	70	8
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INMATE APPEALS AUDIT
FINAL REPORT

SIERRA CONSERVATION CENTER

October 27 – October 31, 2008

INMATE APPEALS AUDIT

The findings in this Inmate Appeals Audit resulted in an overall score of 89. All areas and their results are listed below.

T. Esquer Correctional Counselor II (CC-II) assigned to the Appeals Office, is experienced and knowledgeable in all facets of the appeals process. She was very helpful to the audit team. The Appeals Office support staff, M. Lions, Office Technician, and A. Pendergrass, Office Assistant, were helpful to the audit team and able to locate documents and provide information needed for the review. All staff were professional, considerate, and available throughout the review. It was indeed a pleasure to work with Ms. T. Esquer, Ms. M. Lions and Ms. A. Pendergrass in the Appeals Office.

The specific sections and their corresponding questions and scores are identified below. Copies of the Inmate Appeals Worksheets are available upon request.

A. ACCESS TO INMATE APPEALS: Section Rating: 80

1) Do the law libraries, general population, and special housing units have the appropriate forms available on request from the inmate? [CCR 3084.1 (c)]

8 sample # 8 # correct = 100 % Question Rating: 50 **Score: 50**

There are two libraries, and 6 additional locations at the Sierra Conservation Center (SCC), where all necessary appeal forms are located. SCC has appeal forms accessible to inmates in the Yard Offices on the Calaveras, Mariposa, and Tuolumne yards. In addition, appeal forms are available in the Administrative Segregation Unit (ASU), the Outpatient Housing Unit, the Orientation Building, Receiving & Release, the Mariposa Library, and the Tuolumne Library. The audit team toured all facilities at SCC and appropriate forms were available in all locations. The audit team was very impressed with the efficiency of the libraries in serving the inmate population. Mr. M. Parsons facilitates the ASU library in a timely and efficient manner. There are little to no appeal issues related to the inmates utilization and efficiency of the Law Library.

2) Does the institution provide inmate access to the California Code of Regulations (CCR), Department Operations Manual (DOM), Section 54100, Inmate/Parolee Appeals, and CDC Form 1824s in each inmate law library? [DOM Section 101120.11, 54100.3]

2 sample # 2 # correct = 100 % Question Rating: 10 **Score: 10**

3) Does the institution provide the orientation inmates a written summary of the inmate's right to appeal and appeal procedures? [CCR 3002(a)(2)]

Yes Question Rating: 20 **Score: 20**

4) Does the institution provide the orientation inmates verbal staff instruction regarding the inmates right to appeal and appeal procedures? [CCR 3002(a)(2)]

No Question Rating: 20 Score: 0

The Orientation Units do not have a current verbal appeals orientation. The Orientation Units expressed that immediately they would present a verbal appeals orientation to all orientation inmates upon arrival.

SECTION POINT TOTAL 80

Recommendation: .

That the Administrative staff instruct the Orientation Housing Unit to provide verbal instruction on inmates' right to appeal and the Appeal Procedures pursuant to CCR 3002(a)(2).

5) **Does the institution provide the CDC Form 602 in both English and Spanish?

Yes Question Rating: 0 Score: 0

** This question is for information gathering only.

B. TRACKING AND FILING APPEALS Section Rating: 96

1. Does the Inmate Appeals Office utilize the automated Inmate Appeals Tracking System (IATS) to record all appeals received at the formal levels? [DOM Section 54100.9]

Yes Question Rating: 15 Score: 15

2. A review of the appeals files indicate the appeal forms have been copied on both sides and supplemental documents are attached? [DOM Section 54100.3]

100 # 100 # correct = 100 % Question Rating: 25 Score: 25

3. Does the institution implement an appeal decision (granted or granted in part) modification order within 90 days? [CCR 3084.5(i)]

11 # 10 # correct = 91 % Question Rating: 25 Score: 23

**Following notification of overdue modification orders to Executive Staff, there appears to be a lack of follow-through by Administrative Staff to complete the modification orders as there are 2 modification orders that are currently 120 days overdue.*

4. Is there a procedure and tracking system in place for noticing Administrative Staff of overdue appeals?

[CCR 3084.6, DOM 54100.12]

Yes

Question Rating: 35 **Score: 35**

SECTION POINT TOTAL **96**

C. PREPARATION OF APPEALS

Section Rating 96

1) Are inmates interviewed at the first level of review or at second level if first level is waived? [CCR 3084.5 (f) and DOM 54100.14]

100 sample # 100 # correct = 100 % Question Rating: 25 **Score: 25**

2) Do the dates on the appeal correspond with the dates on the IATS?

[DOM Section 54100.9]

100 sample # 94 # correct = 94 % Question Rating: 25 **Score: 24**

3) A review of the appeals indicate they are complete, all dates included and signatures included (all blanks filled in appropriately on the CDC Form 602)? [DOM Section 54100.3]

100 sample # 91 # correct = 91 % Question Rating: 25 **Score: 23**

4) Is there evidence that appeal decisions are reviewed by the institution head or his/her designee? ?[CCR 3084.5(e)(1)]

100 sample # 97 # correct = 97 % Question Rating: 25 **Score: 24**

SECTION POINT TOTAL **96**

D. TIMEFRAMES

Section Rating: 87

1) Are appeals being assigned at each level within five working days of receipt in the Appeals Office? [DOM 54100.9]

100 sample # 98 # correct = 98 % Question Rating: 25 **Score: 25**

2) Are informal appeals completed within ten working days?

[CCR 3084.6 (b)(1)]

35 sample # 34 # correct = 97% Question Rating: 25 Score: 24

Of the 35 random reviewed informal appeals there was only one appeal that was 9 days over due.

3) Are first-level responses completed within 30 working days?

[CCR 3084.6 (b)(2)]

35 sample # 29 # correct = 83% Question Rating: 25 Score: 21

4) Are second-level responses completed within 20 working days, or 30 working days if first level is waived pursuant to section 3084.5(c)? [CCR 3084.6 (b)(3)]

71 sample # 47 # correct = 66% Question Rating: 25 Score: 17

SECTION POINT TOTAL 87

**The low scores regarding timeframes are a result of the overdue appeals*

Recommendation:

That staff be more diligent in completing appeals within their timeframes. Staff also need to understand the importance and their responsibility for completing appeals at the lowest possible level which includes the informal level of appeal.

Out of thirty-five First Level Appeals reviewed in this sample, there were six appeals were overdue by 1 to 25 days. Of the seventy-one Second Level Appeals reviewed in the sample, Twenty-four Second Level Appeals were overdue by 1 to 64 days.

E. APPEAL RESPONSES

Section

Rating: 96

1) Does the institution prepare a written response at the first level of review stating the appeal issue?

[CCR 3084.5 (g) and DOM 54100.15]

29 sample # 27 # correct = 93% Question Rating: 25 Score: 23

- 2) **Does the institution prepare a written response at the first level of review stating the reasons for the specific decision being rendered?** [CCR 3084.5 (g) and DOM 54100.15]

29 sample # 29 # correct = 100 % Question Rating: 25 Score: 25

- 3) **Does the institution prepare a written response at the second level of review stating the appeal issue?**

[CCR 3084.5 (g) and DOM 54100.15]

71 sample # 69 # correct = 97 % Question Rating: 25 Score: 24

- 4) **Does the institution prepare a written response at the second level of review stating the reasons for the specific decision being rendered?**

[CCR 3084.5 (g) and DOM 54100.15]

71 sample # 70 # correct = 98 % Question Rating: 25 Score: 24

SECTION POINT TOTAL 96

F. SPECIALIZED PROCESSING OF APPEALS

Section Rating: 100

STAFF COMPLAINTS

APPEAL RESTRICTION

STAFF COMPLAINTS

- 1) **When a staff complaint is filed against a Peace Officer, is notice given to that Peace Officer regarding the filing of the complaint? (Unit 6 Memorandum of Understanding, Section 9.09(D), Personnel Investigations, AB 05/03, DOM 54100.25.2)**

Yes

Question Rating: 20 Score: 20

- 2) Is the institution keeping Staff Complaints for a period of five years?**
[DOM 54100.25.5 and Penal Code 832.5(b)]

Yes

Question Rating: 20 **Score: 20**

- 3) Are all allegations of staff misconduct presented to the warden or designee for determination of the type of inquiry needed?** [AB 05/03]

Yes

Question Rating: 20 **Score: 20**

- 4) Are all allegations of staff misconduct presented to the warden or designee at least weekly?** [AB 05/03]

Yes

Question Rating: 20 **Score: 20**

APPEAL RESTRICTION

- 5) Is there evidence of authorization from the Chief of the Inmate Appeals Branch (IAB) to place an inmate on restriction?** [CCR 3084.4(3), (4)]

Yes,

Currently SCC has authorization for three inmates on appeal restriction:

Question Rating: 20 **Score: 20**

SECTION POINT TOTAL 100

G. TRAINING/OFFICE STAFFING **Section Rating: 70**

- 1. Is there evidence that the Appeals Coordinator works with the In-Service Training (IST) officer to ensure that training on the appeals procedure is carried out?** [DOM 54100.3]

Yes

Question Rating: 20 **Score: 20**

Commencing on November 17, 2008, Appeals' training will be instructed at employee Annual Training.

- 2. Is there evidence that the Inmate Appeals Process training is provided to new supervisors during Supervisor's Orientation?** [DOM 32010.10.2]

No Question Rating: 30 Score: 0

3. Is there an updated Inmate Appeals lesson plan, which identifies recent changes in Department policy? [DOM 32010.8.4, 54100.3]

Yes Question Rating: 30 Score: 30

4. If an inmate is assigned as a clerk in the unit, is he/she prevented from having access to the CDC Forms 602 at any level? [CCR Sections 3370(b) [component thereof]

There is no inmate assigned to the Appeals Office. Question Rating: 20 Score: 20

SECTION POINT TOTAL 70

H. CURRENT OVERDUE APPEALS **Section Total: 90**

1) What is the number of the current overdue First Level appeals and by how many days late?

[CCR 3084.6, DOM 54100.12]

# of Days late	Number of Appeals	Pts	Point Deduction (Per appeal)
0-30 days	6	.25	1.50
31-90 days	0	.50	0
91-180	0	.75	0
181+	0	1	0

Question Rating: 50
 Points deducted: 1.5
 Score: 48.5

2) What is the number of the current overdue Second Level appeals and by how many days late?

[CCR 3084.6, DOM 54100.12]

# of Days late	Number of Appeals	Pts	Point Deduction (Per appeal)
0-30 days	15	.25	3.75
31-90 days	10	.50	5.0
91-180	0	.75	0
181+	0	1	0

Question Rating: 50
Points deducted: 8.75
Score: 41.25

APPEALS OVERDUE FROM OTHER INSTITUTIONS (NOT COUNTED):

# of Days late	Number of Appeals	Pts	Point Deduction (Per appeal)
0-30 days	0	.25	0
31-90 days	0	.50	0
91-180	0	.75	0
181+	0	1	0

of Appeals: 0 **Points Deducted: 0** **Score: N/A**

SECTION POINT TOTAL 90

ADDITIONAL AREAS OF REVIEW: This portion has been added to the audit format; however, these areas of the institution are reviewed for information gathering and scores will not be obtained.

1. Law Library access for ASU/SHU inmates:

- a) What is the process for allowing ASU/SHU inmates access to the law library?
[CCR 3122, 3160, 3164, 3343(k)]

Inmates submit court deadline verifications to the legal officer, who then submits it to the law librarian, who verifies the active court dates. Based upon the verification, inmates are given PLU status. Inmates also have access to paging services. Access to the Legal Libraries is proactive to the inmate's needs.

- b) How often do these inmates have access to the law library?

PLU inmates go to the law library every seven days for two hours.

- c) How does access to the law library differ between General Library User (GLU) and Priority Library User (PLU) inmates?

GLU inmates visit the library as space availability allows. PLU inmates access as noted above.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS

ADMINISTRATIVE SEGREGATION
BED UTILIZATION REVIEW

SIERRA CONSERVATION CENTER

OCTOBER 20 THROUGH OCTOBER 31, 2008

PRELIMINARY



CONDUCTED BY

CLASSIFICATION SERVICES

Sierra Conservation Center

10/27/08 - 10/31/08

ADMINISTRATIVE SEGREGATION BED UTILIZATION REVIEW

The Sierra Conservation Center Administrative Segregation Unit (ASU) Bed Utilization Review was conducted during the week of 10/27/08 – 10/31/08 by L. M. Puig, Classification Staff Representative, Classification Services Unit. The intent of this review is to provide an evaluation of bed utilization in the ASU. This assessment is intended to be used as a management tool by the institution to assist in identifying areas that could reduce time spent in ASU and overcrowding in ASU.

Attached is a breakdown of types of cases by CDC numbers that were reviewed by the reviewer.

SAMPLE IDENTIFICATION

A total of 34 cases were reviewed. Of these cases:

23 were placed in Administrative Segregation based on a pending Disciplinary charge.

6 were placed in Administrative Segregation based on a pending investigation of Safety concerns/needs.

5 were placed in Administrative Segregation based on a pending investigation of Prison Gang Status or update of previous validation.

Does the institution use a comprehensive ASU tracking method that records the reason for ASU placement, track time periods for specific processes and total amount of time in ASU? Yes.

Comment: Although there is not a requirement that a system other than the Distributed Data Processing System (DDPS) be maintained, the DDPS capabilities are limited. A comprehensive ASU tracking system can identify a multitude of data fields, which can be customized by the needs of each specific institution. The tracking system can be very basic but still provide meaningful information that can significantly reduce workload. The system should be maintained in a format that can be sorted by specific areas to enable staff to easily identify possible problem areas at a quick glance.

GENERAL ASU CASE PROCESSING TIMES

Period from Initial Placement in ASU to CSR Review.

California Code of Regulations (CCR) 3335(c) (1) requires that the Institution Classification Committee refer the case for Classification Staff Representative (CSR) review and approval when any case is retained in ASU for more than 30 days. When the initial ICC review determines that a case is not expected to be resolved within 30 days, referring the case to the CSR at the time of the initial hearing expedites this process and assures compliance with the regulation.

California Code of Regulations 3335(c) requires that inmates placed in ASU be seen by ICC within 10 days of placement.

Time from the date of placement in Administrative Segregation to the initial ICC referral for CSR Review ranged from 2 days to 10 days, with an average time of 7 days. Of the cases reviewed, 100% met this expectation.

It is the expectation that cases referred for ASU retention be presented to the CSR for review within 30 days of the Classification committee referral.

Time from the initial ICC referral for CSR Review to the actual CSR review ranged from 11 days to 25 days, with an average time of 13 days. Of the cases reviewed, 100 % met this expectation.

When an ASU case is reviewed by a Classification Staff Representative (CSR), the CSR will indicate a time period in which the case must be presented again to a CSR for further review. The expectation is that all cases should be presented back to a CSR prior to the expiration of the ASU extension approved.

Of the cases reviewed, there are 0 cases currently retained in ASU beyond the CSR approved retention date. This calculates to 100 % compliance in this area.

There are 0 cases that have been in ASU over 30 days that do not have ASU extension approvals at all. **(The expectation is there should be 0 cases in this category)**

DISCIPLINARY CASES

Hearing Timelines:

Once a Rules Violation Report (RVR) has been issued, simply determining the time between the issuance and the subsequent hearing does not provide an accurate measurement of the institution's efficiency in processing the case. This is due to the fact that the inmate may choose to postpone the hearing until after any District Attorney review/prosecution has occurred. Due to this factor, RVR processing must be categorized and examined separately.

RVRs heard without postponement:

9 cases were examined.

Time from the date of the issuance of the RVR to the date the RVR was heard ranged from 9 days to 112 days, with an average time of 36 days.

RVRs heard with postponement pending DA action:

0 cases were examined.

Time from the date of the completion of the DA action delaying the hearing to the date the RVR was heard ranged from 0 days to 0 days.

Post-Hearing Processing Timelines:

Following the completion of the hearing by the disciplinary hearing officer or committee, there are no due process timeframes to interfere with rapid completion of the remainder of the disciplinary process. The time is measured from the hearing date through the ICC review. There are several reviews that must occur during this period. Each review is measured.

0 RVRs were dismissed and 13 RVRs are still pending.

Hearing to Facility Captain Review:

Time from the date of the RVR hearing to the date the RVR was audited by the Facility Captain ranged from 1 day to 43 days, with an average time of 9 days.

Of the cases reviewed, 55 % met this expectation.

(Per the Deputy Director memorandum dated March 26, 2003, the expectation is this time will be within 5 working days.)

Facility Captain to Chief Disciplinary Officer Review:

Time from the date the RVR was audited by the Facility Captain to the date the RVR was audited by the Chief Disciplinary Officer ranged from 1 day to 5 days, with an average time of 2 days.

Of the cases reviewed, 80% met this expectation.

(Per the Deputy Director memorandum dated March 26, 2003, the expectation is this time will be within 3 working days.)

Chief Disciplinary Officer to ICC review:

Time from date the CDO audited the RVR to the case being reviewed by the ICC for the RVR ranged from 14 days to 71 days, with an average time of 34 days.

Of the cases reviewed, 16% met this expectation.

(Per CCR 3335(d) (1) (2), upon resolution an ICC shall review the inmate's case within 14 days.)

Parole Violator Cases referred to the Board of Prison Terms (BPT) for review:

Time from the date of the RVR to the date the RVR was received by the BPT Desk ranged from 0 day to 0 days.

Time from receipt of the RVR by the BPT desk to referral to the BPT for offer or screening ranged from 0 day to 0 days.

Time from the referral to BPT to the date of the screening offer or hearing ranged from 0 day to 0 days.

Incident Report Processing

Once an incident has occurred, the Incident Report must be prepared and completed. This timeline measures the process within the institution as it completes the report, forwards it to its Investigative Services Unit (ISU) and the subsequent response time from the office of the District Attorney (DA) or the ISU screen-out based on local agreement with the DA.

Incident Date to ISU Receipt of Incident Report:

Date from incident occurrence to the date ISU received the Incident Report ranged from 1 day to 33 days, with an average time of 7 days.

Of the cases reviewed, 88% met this expectation.

(Per the Deputy Director's memorandum dated March 26, 2003 the complete package will be presented to ISU within 21 calendar days.)

ISU Receipt of Incident Report to Referral to DA/ISU Screenout:

Date from ISU receipt of Incident Report to referral to DA or ISU screen out ranged from 1 day to 2 days. **(Per the Deputy Director memorandum dated March 26, 2003 the expectation is the time should not exceed 5 working days.)**

DA Referral to Resolution:

Date from DA referral to either rejection or acceptance of the case ranged from 10 days to 27 days. **(This is one area that the institution has no definitive control over, however, it is suggested that the institution work closely with the DA's office to track the decision making process to resolution of either acceptance of the case for prosecution or rejection of the case for prosecution).**

SAFETY CONCERNS

When an inmate is placed into ASU based on safety concerns, which must be investigated, there are no due process time constraints that delay the resolution and completion of the investigation. The amount of time taken to complete this type of investigation varies and generally reflects the amount of resources utilized to conduct the investigation.

There were 6 cases reviewed that were placed in Administrative Segregation based on the need for investigation of safety concerns.

Investigation initiation to Completion:

Time from the date of referral to staff for investigation to the date the investigation was concluded ranged from 1 day to 46 days, with the average time of 12 days.

Of the cases reviewed, 80% met this expectation.

(Per the Deputy Director's memorandum dated March 26, 2003 the expectation is this time should not exceed 30 calendar days)

Investigation Completion to ICC Review:

Time from conclusion of the investigation to ICC review of investigation results ranged from 7 days to 61 days, with the average time of 34 days.

Of the cases reviewed, 20% met this expectation.

(Per CCR 3335(d) (1) (2), upon resolution an ICC shall review the inmate's case within 14 days.)

GANG INVESTIGATION/VALIDATION/DEBRIEFING

When an inmate is placed into ASU based on the need for investigation of gang activity, there are no due process time constraints, which delay the resolution and completion of the investigation. This timeline measures the amount of time taken to complete this type of investigation, the review by the Law Enforcement Liaison Unit (LEIU) and the time to review and conclude the issue by ICC and CSR.

There were 5 cases reviewed that were placed in Administrative Segregation based on Gang Investigation/Validation/Debriefing.

ASU Placement to Referral to IGI for Investigation:

Days from ASU placement to IGI investigation assignment being received by IGI ranged from 1 day to 11 days, with an average time of 5 days.

Initiation of IGI investigation to Conclusion of Investigation:

Days from IGI investigation assignment to receipt of completed investigation ranged from 42 days to 175 days, with an average time of 90 days.

Conclusion of Investigation to ICC Review:

1 case has been referred to the Office of Correctional Safety (OCS) for validation, 1 case is pending the Directors' Review Board (DRB) and 3 cases reflected insufficient information to validate the inmate as an Active Associate/Member of a prison gang and is pending ICC review.

NUMBER OF INMATES IN ASU ENDORSED & AWAITING TRANSFER:

Documentation presented by Records/ASU staff indicates that there are 21 cases that are currently endorsed and awaiting transfer that are housed in ASU. These cases have been endorsed for transfer for 10 to 71 days. Noted was a case with special needs and no beds are presently available to transfer the inmate.

GENERAL OBSERVATIONS:

I would like to thank the C&PR and Records Staff for their cooperation in providing the Central Files and having them readily available upon my arrival. In addition, I would like to thank the IGI/ISU and the ASU Staff for their assistance in providing the necessary information to complete this review.

DISCIPLINARY

CDC #	Days From 114D to Initial CSR Referral	Days From Initial ICC Referral To CSR Review	Expiration Date Of Current CSR ASU Extension	Extension Has Expired, By how Many Days?	Date of RVR	Charge	Postponed Pending DA	Days From RVR to Hearing	Days from Hearing to Captains Review	Days from Captain's Review to CDO Review	Days from CDO Review to ICC Review	Days from RVR to BPT Desk	Days from BPT Desk To BPT for Offer	Days to BPT Offer or Hearing	Days from Incident to ISU Receiving 837	ISU Receipt to DA Screen out or Referral	Days from referral to DA Accept/ Reject/ Pending	Accepted/ Rejected	Total Days since Initial ASU Placement	Comments	Date
K-92408	6	25	12/8/08	0	5/2/08	Drug Distribution	Yes	Pending	Pending	Pending	Pending	N/A	N/A	N/A	33	1	Pending	Pending	178	Pending response from the District Attorneys' Office.	10/27/2008
V-79195	8	11	11/23/08	0		Possession of a Weapon	Yes	Pending	Pending	Pending	Pending	N/A	N/A	N/A	2	2	Pending	Pending	103	Pending response from the District Attorneys' Office.	10/27/2008
G-07618	7	11	12/3/08	0	8/27/08	Sexual Behavior	No	32	1	1	Pending	N/A	N/A	N/A	3	1	Pending	Pending	116	Pending response from the District Attorneys' Office. Pending ICC review.	10/27/2008
T-37883	9	12	1/30/09	0	6/3/08	Battery on an Inmate w/Weapon	No	112	2	1	Pending	N/A	N/A	N/A	3	4	Pending	Pending	146	Pending response from the District Attorneys' Office. Pending ICC review.	10/27/2008
P-98497	7	11	1/13/09	0	6/19/08	Battery on Staff	No	20	12	2	35	N/A	N/A	N/A	11	1	Pending	Pending	130	Pending response from the District Attorneys' Office. Pending ICC review.	10/27/2008
T-09664	9	13	11/26/08	0	5/27/08	Drug Distribution	Yes	Pending	Pending	Pending	Pending	N/A	N/A	N/A	1	2	Pending	Pending	153	Pending response from the District Attorneys' Office.	10/27/2008
F-70601	2	11	11/9/08	0	6/9/08	Possession of a Weapon	No	20	1	1	71	N/A	N/A	N/A	2	1	27	Rejected	132	referred for a SHU Audit/Transfer on 9/11, endorsed on 9/23.	10/27/2008
F-80924	6	12	1/23/09	0	6/6/08	Possession of a Weapon	Yes	Pending	Pending	Pending	Pending	N/A	N/A	N/A	2	1	Pending	Pending	143	Pending response from the District Attorneys' Office.	10/27/2008
C-62342	10	18	11/20/08	0	7/8/08	Leading a Gang Disturbance	N/A	35	43	1	Pending	N/A	N/A	N/A	3	1	N/A	N/A	110	RVR reduces to Disobeying Orders. Pending ICC review.	10/28/2008
P-74346	9	11	12/12/08	0	4/22/08	Possession of a Weapon	Yes	Pending	Pending	Pending	Pending	N/A	N/A	N/A	1	1	Pending	Pending	189	Pending response from the District Attorneys' Office.	10/28/2008
V-29253	7	11	12/24/08	0	7/16/08	Escape from Prison	Yes	Pending	Pending	Pending	Pending	N/A	N/A	N/A	Pending	Pending	Pending	Pending	89	Pending response from the District Attorneys' Office.	10/28/2008

DISCIPLINARY

CDC #	Days From 114D to Initial CSR Referral	Days From Initial ICC Referral To CSR Review	Expiration Date Of Current CSR ASU Extension	Extension Has Expired, By how Many Days?	Date of RVR	Charge	Postponed Pending DA	Days From RVR to Hearing	Days from Hearing to Captains Review	Days from Captain's Review to CDO Review	Days from CDO Review to ICC Review	Days from RVR to BPT Desk	Days from BPT Desk To BPT for Offer	Days to BPT Offer or Hearing	Days from Incident to ISU Receiving 837	ISU Receipt to DA Screen out or Referral	Days from referral to DA Accept/ Reject/ Pending	Accepted/ Rejected	Total Days since Initial ASU Placement	Comments	Date
P-54505	6	11	2/6/09	0	7/4/08	Battery on an Inmate	No	21	6	4	17	N/A	N/A	N/A	2	1	10	Rejected	116	Referred for a SHU Audit/Transfer on 8/21, endorsed on 9/23.	10/28/2008
F-73061	4	19	2/18/09	0	5/11/08	Threatening Staff	No	29	8	1	44	N/A	N/A	N/A	N/A	N/A	N/A	N/A	169	Endorsed to MCSP-I on 10/20.	10/28/2008
V-98873	10	12	12/10/08	0	4/27/08	Drug Distribution	Yes	Pending	Pending	Pending	Pending	N/A	N/A	N/A	1	1	Pending	Pending	183	Pending response from the District Attorneys' Office.	10/28/2008
F-79087	8	11	11/23/08	0	7/16/08	Possession of a Weapon	Yes	Pending	Pending	Pending	Pending	N/A	N/A	N/A	1	2	Pending	Pending	104	Pending response from the District Attorneys' Office.	10/28/2008
K-27411	6	12	12/3/08	0	6/6/08	Drug Distribution	Yes	Pending	Pending	Pending	Pending	N/A	N/A	N/A	1	1	Pending	Pending	145	Pending response from the District Attorneys' Office.	10/29/2008
F-85939	9	11	12/5/08	0	7/8/08	Battery on an Inmate w/Weapon	Yes	Pending	Pending	Pending	Pending	N/A	N/A	N/A	2	2	Pending	Pending	113	Pending response from the District Attorneys' Office.	10/29/2008
F-18744	7	11	11/10/08	0	6/30/08	Positive UA results for Morphine	No	68	12	5	Pending	N/A	N/A	N/A	1	1	N/A	N/A	132	Pending review by ICC.	10/29/2008
F-42558	7	12	12/24/08	0	6/26/08	Battery on an Inmate w/SBI	Yes	Pending	Pending	Pending	Pending	N/A	N/A	N/A	1	1	Pending	Pending	125	Pending response from the District Attorneys' Office.	10/29/2008
F-52459	8	11	10/17/08	12	1/9/08	Possession of a Weapon	Yes	Pending	Pending	Pending	Pending	N/A	N/A	N/A	2	1	Pending	Pending	294	Pending response from the District Attorneys' Office.	10/29/2008
F-08461	9	18	10/29/08	0	7/22/08	Possession of a Weapon	Yes	Pending	Pending	Pending	Pending	N/A	N/A	N/A	1	1	Pending	Pending	99	Pending response from the District Attorneys' Office.	10/29/2008
T-45017	3	11	11/24/08	0	6/10/08	Possession of a Weapon	No	9	4	1	14	N/A	N/A	N/A	1	1	26	Rejected	107	Referred on 7/28/08 for SHU Term audit. Inmate is pending medical clearance for	10/29/2008
K-56873	6	12	12/24/08	0	6/27/08	Mutual Combat	No	13	3	1	28	N/A	N/A	N/A	N/A	N/A	N/A	N/A	124	Endorsed to CTF-S-1 on 8/26/08	10/29/2008

SAFETY

CDC #	DAYS FROM 114D to INITIAL CSR REFERRAL	DAYS FROM INITIAL ICC REFERRAL TO CSR REVIEW	Expiration date of current CSR ASU Extension	How many days since ASU extension expired	Date of Referral to Staff for Investigation	Days to Completion of Investigation	Conclusion of Investigation to ICC Review	ICC referral to CSR After conclusion of Investigation	Days in ASU to date	Comments	Today's Date
V-17782	4	11	11/17/08	0	7/31/08	Pending	Pending	Pending	92	Pending IGI investigation.	10/27/08
F-70854	6	17	1/7/09	0	7/25/08	1	26	1	94	Endorsed to PVSP-III on 9/9/2008.	10/27/08
F-45758	9	11	11/4/08	0	9/12/08	13	7	1	119	Pending CSR Review. Missing C/M dated 9/25/08.	10/28/08
F-72564	5	11	11/17/08	0	6/14/08	1	61	1	136	Referred on 8/14/08 for transfer, retained for 'R' Suffix review and to review the RVR of 8/29/2007.	10/28/08
V-97962	4	11	2/18/09	0	7/27/08	46	20	1	94	Endorsed to CCC-I on 10/21/2008.	10/29/08
E-44061	7	11	11/1/08	0	7/10/08	1	56	1	112	Referred on 9/4/08 and 9/18/08 to CSR, retained pending clarification of the inmates' MHSDS status.	10/30/08

SAFETY

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SAFETY

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CDC #	DAYS FROM 114D to INITIAL CSR REFERRAL	DAYS FROM INITIAL ICC REFERRAL TO CSR REVIEW	Expiration date of current CSR ASU Extension	If ASU extension is expired, how many days	Days from ASU Placement To Investigation Assignment being Received by IGI/Staff	Days to Completion of Investigation	Days from Completion of Investigation by IGI to LEIU For Validation	Days from referral to LEIU to Receipt of 128B-2	Days in ASU to date	Comments	Today's Date
D-05804	9	12	11/17/08	0	9	43	N/A	N/A	125	Pending DRB Review relative to future placement.	10/27/08
F-84874	7	11	10/31/08	0	1	42	N/A	N/A	130	Pending ICC Review. Insufficient information to submit the case to OCS for validation.	10/27/08
T-85102	10	18	11/10/08	0	11	175	N/A	N/A	114	Pending ICC Review. Insufficient information to submit the case to OCS for validation.	10/29/08
T-15646	10	18	11/10/08	0	1	80	N/A	N/A	114	Pending ICC Review. Insufficient information to submit the case to OCS for validation.	10/29/08
V-32372	7	11	11/21/08	0	1	110	1	Pending	147	Case referred on 9/3/08 for validation, pending response from OCS.	10/29/08

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CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS

RADIO
COMMUNICATIONS

SIERRA CONSERVATION CENTER
OCTOBER 20 THROUGH OCTOBER 31, 2008

The seal of the California Department of Corrections and Rehabilitation is partially visible behind the 'PRELIMINARY' text. It features a circular design with a green border containing the text 'DEPARTMENT OF CORRECTIONS AND REHABILITATION' at the top and 'STATE OF CALIFORNIA' at the bottom. The center of the seal depicts a map of California with a scale of justice and a star.

PRELIMINARY

CONDUCTED BY

TELECOMMUNICATIONS

Radio Communication Compliance Review
Sierra Conservation Center, Jamestown (SCC)
Exit Conference Discussion Notes
October 30, 2008

The Office of Audits and Compliance (OAC) and the Radio Communication Unit (RCU) conducted a Radio Communications Security Compliance Review of SCC the week of October 27th, 2008. The review covered 28 different areas which SCC was fully compliant in 25 areas, partially compliant in 1 area, and non compliant in 2 areas. The chart below details these outcomes. Observations noted below.

FINDINGS SUMMARY:

		Compliant	Partial Compliance	Non Compliant	Not Applicable
1	Radio Liaison Identified?	X			
2	Inventory System in Place?	X			
3	All Radios Accounted for?	X			
4	Radio Matrix in place?	X			
5	Repair Procedure?	X			
6	Repair Tracking?	X			
7	Battery Management in Place?	X			
8	Proper usage of Battery Management?	X			
9	Inmate Access to Radios?	X			
10	Radio Vault Secured?	X			
11	Intrusion Alarm on Radio Vault?	X			
12	Authorization to Enter Vault?	X			
13	Key to Vault Secured?	X			
14	Vault key Access for DGS-TD Tech?	X			
15	System Watch/SIDR Operational & Computer Secured?	X			
16	Procedure to Operate System Watch/SIDR?	X			
17	Staff to Operate System Watch/SIDR identified?	X			
18	System Watch/SIDR Training?	X			
19	Chit System in Place for Radios?	X			
20	Other Radios on Grounds?	X			
21	Scanners on Grounds?			X - Note 1	
22	Who do you contact for System Malfunction?	X			
23	Steps taken when System Fails?	X			
24	Staff have Knowledge on Radio Fail-Soft?	X			
25	Staff have Knowledge of RCU Staff?	X			
26	Off Grounds Communication / Fire Department.	X			
27	Working CLERS System?			X - Note 2	
28	Working CMARS System?		X - Note 3		
Total		25	1	2	

Note 1: Scanner was found in the EOC (in the comstock room)

Note 2: CLERS remote not found in the Warden's EOC

Note 3: CMARS remote not hooked up in the Warden's EOC

Review of Radio Communications

SIERRA CONSERVATION CENTER, JAMESTOWN

Introduction

This review of Radio Communication Operations at Sierra Conservation Center, Jamestown (SCC) was conducted by the Compliance/Peer Review Branch (CPRB), Office of Reviews and Compliance and the Radio Communications Unit (RCU), between the dates of October 27 through 31, 2008. The review team utilized the California Penal Code (PC), California Code of Regulations (CCR), Title 15, California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM), State Administrative Manual (SAM) and Administrative Bulletin (AB) 90/35 as the primary sources of operational standards.

This review was conducted by Shelly Hutchens, Project Manager, of the Facilities Planning and Management Division, Telecommunications Section, Radio Communications Unit.

The review consisted of an on-site inspection, interviews with staff, reviews of procedures, and observation of institutional operations.

The purpose of the CPRB review is one of overall analysis and evaluation of the Institution's compliance with the terms and conditions of State regulations as applied to Public Safety Communications. Each area was reviewed with staff and any problems were reviewed or solved with the SCC Radio Liaison. Overall, findings presented in the attached report represent the consensus.

Review of Radio Communications

Sierra Conservation Center, Jamestown

REVIEW SCOPE AND METHODOLOGY

The CPRB and the RCU conducted an on-site review at SCC during the period of October 27 through 31, 2008. The purpose of this review was to assess the level of compliance with established State regulations in the areas of Public Safety Communications. This review and the attached findings represent the formal review of SCC's compliance by CPRB.

The scope and methodology of this review was based upon written review procedures developed by the CPRB and provided to SCC's staff in advance of the review.

Random sampling techniques were employed as an intrinsic part of the review process. Throughout the tour, on-duty custody staff were interviewed regarding current practices, all staff were polite and professional when asked these questions.

A random sample of radios were reviewed, checking the Radio as to the Post Assignment, the Department of General Services (DGS) 'S' number and the radio serial number. Utilizing the inventory to prove the proper radio location, SCC was at 100% on radio placement.

The System Watch and The Selective Inhibit Dynamic Regrouping (SIDR) computer were evaluated in Tuolumne Control and are working properly at this time.

The Radio Vault was inspected and found to be in good condition.

The Primary Emergency Operations Center control station, located in the Warden's Office was working properly, however the CMARS and CLERS remote consoles were not installed and/or working. The Radio Liaisons will be contacting the local DGS Telecommunications Technician to have the remotes installed properly.

A scanner was found in the EOC located in Comstock. This is an unauthorized communications device. Should an inmate come in contact with such device, it does not have the ability to be remotely turned off and can compromise Public Safety communications and should be removed.

Recommendations are to continue normal practices as SCC has no issues with usage of the 800 MHz Trunked Radio System and all SCC staff are following all required Public Safety Standards.

The Reviewer would also like to complement the Radio Liaison at SCC (Officer Cooper) as his organizational skills and overall help made this review a success.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS

CASE RECORDS

SIERRA CONSERVATION CENTER
OCTOBER 20 THROUGH OCTOBER 31, 2008

The seal of the California Department of Corrections and Rehabilitation is a circular emblem. It features a green outer ring with the text "DEPARTMENT OF CORRECTIONS AND REHABILITATION" at the top and "STATE OF CALIFORNIA" at the bottom, separated by two gold stars. The center of the seal depicts a golden scale of justice and a map of California.

PRELIMINARY

CONDUCTED BY

CASE RECORDS ADMIN

SIERRA CONSERVATION CENTER COMPLIANCE REVIEW

Correctional Case Records Services lead a three member team comprised of Kathy Moore, Correctional Case Records Administrator, Linda Crone, Correctional Case Records Manager, Ironwood State Prison, and Cindy Reece, Correctional Case Records Supervisor, Deuel Vocational Institution-Reception Center to conduct a compliance review October 27-31, 2008 of specific areas within the Sierra Conservation Center State Prison records office.

Administrative staff and the Correctional Case Records Manager were aware of this review in advance and all staff was cooperative and assisted with providing information to the review team when requested.

The two primary areas reviewed were:

1. Holds, Warrants and Detainers (HWD)
2. Warden's Checkout Order (CDC 161)

An overview of the findings in the review process is outlined in this document.

This review consisted of 50 Central Files of recently paroled inmates and an additional 39 Central Files for HWD purposes for a total of 89 Central Files reviewed.

HOLDS, WARRANTS AND DETAINERS (HWD)

Reference: DOM Section 72040.5 & 72040.5.1 & 72040.5.3 & CR 97/04

"The HWD system ensures that information regarding any specific or potential detainer is recorded and called to staff attention within four hours of receipt to determine what effect, if any, the hold might have on an inmate's custody."

"The HWD Coordinator shall prepare letters of inquiry or initiate teletype requests to resolve potential holds based on the CDC Form 850s completed by institution staff and complete necessary follow-ups on any communication received from law enforcement agencies. The CDC Form 850 shall be attached to the top of the detainer section of the Central File and all such actions shall be entered in the HWD log."

"The HWD Coordinator's initial request to obtain information shall be completed within two working days and follow-up at the 60-day and 10-day audits prior to release. Telephonic follow-up should be used at the 10-day audit."

"If a detainer exists or is believed to exist on an inmate, the HWD coordinator shall prepare a CDC Form 850 documenting the pertinent facts, and immediately contacting the designated staff person responsible for evaluating the potential detainer..."

**SIERRA CONSERVATION CENTER
COMPLIANCE REVIEW**

“Release Prior to Parole. It is imperative that when an inmate is released prior to their parole date, pursuant to Penal Code Section 4755, that a CDC Form 801, Detainer, accompanies the inmate to ensure that he/she remains in custody until his/her actual parole date.”

*Reference: DOM Section 72040.9 & CR 99/23
“When the records office receives notification that a detainer previously placed on an inmate has been dropped or expired, the HWD computerized history for that detainer shall be deleted”.*

*Reference: DOM Section 72040.6.1 & 72040.6.2 & CR 95/01 & CR 02/06
“If the detainer is from a California agency for untried charges, the inmate may request disposition of pending charges by filing a CDC Form 643, Demand for Trial in accordance with the provisions of PC 1381”.*

“Case records staff shall mail the CDC Form 643 to the DA by certified mail, return receipt requested”.

“PC 1381 stipulates a person must be brought to trial within 90 days after written notification of the place of confinement. The 90-day period starts the day the DA acknowledges receipt of the CDC Form 643”.

“If the inmate is not brought to trial at the conclusion of the 90-day period, case records staff shall prepare:

A CDC Form 668, Affidavit in Support of Motion to Dismiss Pending Charges.

A CDC Form 669, Motion to Dismiss Criminal Charges Pending.

A CDC Form 670, Order of Dismissal.

A CDC Form 1006, Cover Memo - Motion to Dismiss.

All of these forms shall be forwarded to the court having jurisdiction of the Matter”

Desk Procedures for the HWD clerical staff were reviewed. Clerical staff was interviewed, however they are new to the desk and were not able to answer some of the questions. They deferred to the Case Records Analyst for direction as the HWD Coordinator. The desk procedures are well written however they haven't been updated with newer Instructional's, i.e., CR 06/21 Request for Disposition of Probation, Waiver of Appearance and Right to Attorney Pursuant to P.C. 1203.2A. They are still using the old version dated 4/91. The PC 1381 Demand for Trial and Motion for Dismissal process is outlined in the Desk Procedure, however the clerical staff are not processing the Motion for Dismissal pursuant to their procedure. As the staff is new, this appears to be a Training Issue.

**SIERRA CONSERVATION CENTER
COMPLIANCE REVIEW**

Spoke with the Parole Coordinator to insure that the KCHD is being queried for any holds prior to the inmate's release to parole. This is not being done and is not in the Desk Procedures to do so. As a best practice, the KCHD should always be checked to ensure a warrant/hold has not been entered into the KCHD by another institution prior to parole.

Of the 39 cases reviewed there were issues noted in 31 of the cases. A breakdown of the issues discovered is listed below with Inmate's CDC# and Name to allow staff to correct the noted discrepancies. As the discrepancies are consistent, it appears training and guidance need to be provided to the appropriate staff.

The Departmental Policy, Dom Section 72040.5.1, dictates that the..." *HWD Coordinator's initial request to obtain information shall be completed within two working days*", however on the following cases we were unable to ascertain that the Letter of Inquiry (LOI) procedure is being followed due to the date not being entered on the CDC 850 by the person initiating the CDC 850.

**F86008 Cowens
G20170 Chounlamontry
V06631 Guzman
G13848 Armstead
P46739 Wise
F34188 Lawson
F80380 Mendoza
G09616 Mataitusi
G14720 Gayton
F69705 Broussard
F97541 Martinez
F80842 Sandoval
F86904 Chavez
F72634 Delarosa**

Pursuant to DOM Section 72040.9,..."*When the records office receives notification that a detainer previously placed on an inmate has been dropped or expired, the HWD computerized history for that detainer shall be deleted*". As listed below the following inmate's holds have not been deleted either from the Automated Release Date Tracking System (ARDTS) or Offender Based Information System (OBIS).

**F49352 Valencia
D34342 Cook
V84638 Combs
F80380 Mendoza**

**SIERRA CONSERVATION CENTER
COMPLIANCE REVIEW**

**F66974 Reynoso
T83095 Salas
F73293 Denunno
T98676 Cross**

In one case reviewed there was a hold placed by two different agencies and neither have been entered into OBIS, however were entered into ARDTS. This case was given to the Case Records Manager for review and appropriate action.

G24340 Hamler

Dom Section 72040.5, states...*"The HWD system ensures that information regarding any specific or potential detainer is recorded and called to staff attention within four hours of receipt to determine what effect, if any, the hold might have on an inmate's custody."* We were unable to determine that this is in compliance as the CDC 850's did not reflect the time the hold was received or the time it was entered into OBIS. Also the warrant/hold received by Teletype are not being date stamped. The staff are relying on the time and date reflected on the teletype transmittal. Listed below are the cases reviewed.

**G21658 Jones
F49352 Valencia
H97948 Anderson
F86008 Cowens
V27533 Seals
V06631 Guzman
P79847 Mendoza
G24340 Hamler
G09616 Mataitusi
F80380 Mendoza
G14720 Gayton
F97541 Martinez
F80842 Sandoval
F72634 Delarosa
F73984 Goldberg**

DOM Section 72040.5 state, ...*"If a detainer exists or is believed to exist on an inmate, the HWD coordinator shall prepare a CDC Form 850 documenting the pertinent facts, and immediately contacting the designated staff person responsible for evaluating the potential detainer..."* In the following cases the portion of the CDC 850 for the Evaluator's Review were not completed.

**V06631 Guzman
F86008 Cowens
H97948 Anderson**

**SIERRA CONSERVATION CENTER
COMPLIANCE REVIEW**

**P79847 Mendoza
V30940 Brown
F34188 Lawson
G11336 Vang**

In the following cases it was found that the Warrant Information entered into ARDTS, OBIS and documented on the Chronological History (CDC 112) did not match.

**F69705 Broussard
G21658 Jones
V06631 Guzman**

In the following case there were several discrepancies noted. The discrepancies are as follows:

F97157 Draper – A warrant was placed – Warrant #1219711 from Stanislaus Co. for a VC 10851 Probation Violation. The CDC 661 was appropriately noted to request Disposition of Probation, Waiver of Appearance, and Right to an Attorney pursuant to PC 1203.2(a), however a PC 1381 Demand for Trial was sent out in error.

Warrant #1219711**A** (appears A was added in ink to Warrant # by HWD staff). The charge was for a PC 4024.2(a) Alternate Work Program. This is a misdemeanor offense in which the inmate owes 5 days. The CDC 661 was marked with the option for the inmate to file a PC 1381 Demand for Trial and the Demand for Trial was sent out. This appears to have been a Time Server process in which the County wanted the inmate back to finish serving the 5 days owed. The PC 1381 process was inappropriate.

Warrant #1220048 was for a PC 4024.2(a) Alternate Work Program. This is a misdemeanor offense in which the inmate owes 40 days. The CDC 661 was marked with the option for the inmate to file a PC 1381 Demand for Trial and the Demand for Trial was sent out. This appears to have been a Time Server process in which the County wanted the inmate back to finish serving the 40 days owed. The PC 1381 process was inappropriate.

Warrant #1220048**A** was entered into OBIS, ARDTS and posted to the CDC 112 as a Stanislaus Co S.O. hold, however, the teletype requesting to place warrant was from Turlock P.D.

SIERRA CONSERVATION CENTER COMPLIANCE REVIEW

General Findings

In the Holds, Warrants and Detainer portion of the audit, 19 components were reviewed. There were 7 areas listed below that need to be brought into compliance with the current policies and procedures as indicated in the above review portion of this report:

- Holds are not being dropped or entered in the KCHD system pursuant to Departmental Policy.
- Desk procedures need to be updated to ensure all current Instructional Memo's pertaining to the HWD processes are incorporated into the procedures.
- Follow Desk Procedures for processing the PC 1381, PC 1389 and PC 1203.2(a) process.
- Warrant information not accurately reflected in ARDTS, OBIS and on the CDC 112.
- Develop a process to ensure the KCHD is queried prior to parole (best practice).
- Provide training to appropriate staff to ensure the CDC 850 is being properly filled out to include, but not limited to, the date of initiation, date and time of hold placed, as well as the Evaluator Section completed.
- Ensure all holds, whether received by fax, teletype or mail, is date and time stamped.

Recommendations:

- On the job training should be provided and documented for the appropriate staff to ensure appropriate OBIS entries and information is recorded accurately.
- Ensure desk procedures are current and consistent.
- Provide training to the Program Technician's (PT's) and Supervisor over the PT's for removing holds in the KCHD for inmate's that have paroled.
- Provide training for the staff responsible for entering and removing warrant information into the KCHD and ARDTS systems.
- Provide training for the appropriate staff who are responsible for sending out the Letter of Inquiry and documenting information on the CDC 850. Ensure this process is reflected in the desk procedure.
- Provide documented training for the HWD clerical and ensure the Desk procedures are brought up to date and includes all HWD processes.
- Ensure compliance with Departmental Policy and procedures.
- Provide training to the appropriate staff responsible for sending out the LOI's to ensure they are processed within the appropriate time frames and the CDC 661 process is being completed accurately.

**SIERRA CONSERVATION CENTER
COMPLIANCE REVIEW**

WARDEN'S CHECKOUT ORDER (CDC 161)

Reference: DOM Section 73010.6.1

"... The commitment name shall be recorded as reflected on the original Abstract of Judgment /Minute Order by which the inmate was delivered to the custody of the Department."

Reference: DOM Section 74070.3

"...Paperwork and routine dress-out procedures on cases with release date on weekends or holidays shall be completed prior to the weekend or holiday."

"Prior to release of the inmate, records office staff shall prepare the CDC Form 161, Warden's Checkout Order, and arrange distribution as required by institution operations."

Reference: DOM Section 74070.21

"The following data shall be typed on the CDC Form 161:

- Date of Release*
- Time of Release*
- Type of Release*
- CDC number*
- Commitment name*
- Controlling Discharge Date*
- Name of parole unit and county of residence*
- Parole Region*
- Check off section to indicate that PC Sections 3058.6 and 3058.8 notifications have been sent.*

"The CDC Form 161 shall be typed by clerical staff. As part of the prerelease audit, the release of information on the form shall be verified at a level not less than that of a Case Records Analyst as the form is used by the institution as the source document for OBIS input and therefore, its accuracy determines the accuracy of parole information in OBIS".

Reference: Instructional Memorandum (CR 01/14)

"...The CDC Form 161, Warden's Check-out Order, shall indicate that a notice was sent pursuant to the applicable notification requirement..."

"...the Warden's Checkout Order must include a notation above the Case Records staff's signature block which states PC 3058.6 and/or PC 3058.8 has been complied with or that PC 3058.6 and/or PC 3058.8 is not applicable."

Reference: Instructional Memorandum (CR 99/69)

"... Early/Late Release Reports should be prepared at the time of discovery and forwarded to Case Records, central office within a few days".

SIERRA CONSERVATION CENTER COMPLIANCE REVIEW

The Early/Late Release Report is promptly submitted to Case Records Services. In reviewing the early/late releases with the Case Records Manager, there were none to report.

Desk Procedures for the Parole desk clerical staff were reviewed.

Central files were reviewed for inmates/parolees who were released from Sierra Conservation Center during the preceding three weeks of the review.

There were 50 cases reviewed and the overall findings are as follows:

The CDC Form 161, Warden's Checkout Orders are to include the Commitment Name and Time of Release pursuant to DOM Section 74070.21.

Of the 50 cases reviewed, 39 cases did not reflect the Commitment Name as shown on the Legal Documents in the Central File and entered into the Offender Based Information System (OBIS).

Also, of the 50 cases reviewed, none reflected the time of release pursuant to DOM Section 74070.21.

The Access Program utilized to generate the CDC Form 161, Warden's Checkout Order does not allow for more than the first and last name to be entered, and doesn't allow for the middle name and or initials. Also, the field for the Time of Release is hard coded into the system and reflects at "Institution Convenience" on all. This was discussed with the CCRM, and she shared that this was an Access program and she would get with the AISA to try and resolve this issue.

General Findings

In the CDC Form 161 Warden's Checkout Order portion of the audit, 3 components were reviewed. There is one area listed below that needs to be brought into compliance with the current policies and procedures as indicated in the above review portion of this report:

- The CDC Form 161, Warden's Checkout Order needs to reflect the Commitment Name and the Time of Release pursuant to Dom Section 74070.21.

SIERRA CONSERVATION CENTER COMPLIANCE REVIEW

Recommendations

Have your AISA re-program/correct the information allowed to be entered into the access program for CDC Form 161, Warden's Checkout Order. Possibly create a Template in Word.

STAFF VACANCIES

The vacancies are reported as follows:

1 Case Records Technician

REDIRECTS/OTHER

1 Case Records Technician out on Workers Comp.

1 Case Records Technician on Maternity Leave

1 Case Records Analyst on Union Leave/Assignment

1 Case Records Technician redirected to Associate Warden Central
Division/Temporarily

.5 Case Records Technician redirected to Litigation Coordinator for Ad. Seg.
typing

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS

RISK
MANAGEMENT
PROGRAMS

SIERRA CONSERVATION CENTER
OCTOBER 20 THROUGH OCTOBER 31, 2008

The seal of the California Department of Corrections and Rehabilitation is partially visible behind the 'PRELIMINARY' text. It features a circular design with a green border containing the text 'DEPARTMENT OF CORRECTIONS AND REHABILITATION' at the top and 'STATE OF CALIFORNIA' at the bottom. The center of the seal depicts a map of California with a scale of justice and a star.

PRELIMINARY

CONDUCTED BY

DESIGN STANDARDS AND REVIEW BRANCH

**OFFICE OF RISK MANAGEMENT
OCTOBER 2008 AUDIT**

SIERRA CONSERVATION CENTER

EXECUTIVE SUMMARY

The Office of Risk Management conducted an audit of the Worker's Compensation Program, Occupational Health and Safety Operations and Fire, Life, Safety Systems from October 27 – October 29, 2008. The purpose of the audit/inspection was to determine the level of compliance with State, federal, and departmental rules, regulations, policies, and procedures.

This was the first audit that the Office of Risk Management (ORM) has conducted at Sierra Conservation Center. The ORM appreciates the opportunity to participate in the audit process at Sierra Conservation Center and would like to thank the staff for their assistance and cooperation. We are pleased to be available to assist in any way we can. Thank you.

Elements Audited Related to Workers' Compensation

- Workers' Compensation Program
- Early Intervention Program
- Return-to-Work Program
- CAL/OSHA Log 300 Compliance
- Inmate Workers' Compensation Program

Elements Audited Related to Health and Safety

- Illness & Injury Prevention Program
- HCP (Hearing Conservation Prog)
- RPP (Respiratory Protection Prog)
- BBP (Blood Borne Pathogens Prog)
- BST (Basic Safety Training)
- HIP (Heat Illness Program)
- CSP (Confined Space Program)
- MWMAP (Cal Waste Management Act Program)
- ADAG (American with Disability Act Accessibility Guidelines Emergency Eye Wash Station)
- HIPAA (Health Insurance Portability & Accountability Act)
- CRFC (CA Retail Food Code)
- HCR (Hazardous Communication Regulation)

Elements Audited Related to Fire, Life, Safety Systems

- Training
- Equipment
- Fire Inspections
- Fire Suppression Equipment
- Hazardous Materials
- Response/Mutual Aid

Areas Inspected

- Fire House

Below are the audit findings, categorized under the following topics:

Category	Number of Findings
Workers' Compensation Training	1
Health and Safety – Hazardous Materials	1
Fire, Life, Safety Systems – Equipment	4
Fire, Life, Safety Systems – Inspections	1
Fire, Life, Safety Systems – Fire Suppression Equipment	3
Fire, Life, Safety Systems – Haz Mat	1
TOTAL	11

This executive summary provides a brief description of the finding, identification of the risk or impact and a proposed recommendation.

It should be noted that the Workers' Compensation/Return-To-Work (RTW) Program is well-organized, efficient and fully staffed. Staff communication within the Program has been an issue in the past, but staff and management are aware of the problem and working on improving communications through more frequent meetings. The Institutional Workers' Compensation Analyst (IWCA) will be leaving at the end of November due to the expiration of a Limited-term assignment, however, the hiring package for a replacement has already been submitted to Personnel. The current Return-to-Work Coordinator (RTWC) was the former IWCA who not only has a thorough understanding of the Program but also contributes invaluable knowledge to the Program. The RTWC has been successful in getting many Institution managers and supervisors to update duty statements to include physical and mental essential functions in addition to marginal functions and is proactively working to get 100% compliance in this area. The RTWC did request that HQ provide the Institution with a more detailed definition of "closed" versus "finalized" cases on the monthly reports. The Office Technician (OT) is currently being trained to back up some of the functions of the RTWC and IWCA.

The ORM would like to thank Warden Clay for making time in his schedule to have a separate meeting to discuss Workers' Compensation issues with the auditor. In this meeting, Warden Clay expressed concern with the lack of communication between the Headquarters' Workers' Compensation Program, the State Compensation Insurance Fund (SCIF) and the Institution. Representatives from the Southern California SCIF office have not visited the Institution and the Sacramento staff visited only twice. The Warden expressed frustration over the lack of personal contact and has made several trips to Sacramento in an attempt to improve communications. The Warden requested that more information be provided after settlements have been completed in order to

better understand the methodology used to reach those settlement agreements. He also requested regular meetings, via conference call or preferably videoconferencing be held with ORM according to region or mission to provide Institutions with an opportunity ask questions and receive updates on laws and procedures from HQ Workers' Compensation Program staff as well as from SCIF.

The ORM would like to take the opportunity to thank Fire Chief Krussow and Fire Captain John Henderson for their valuable input, for providing all of the requested documentation, and especially for the time they took to answer questions. This was especially appreciated in light of the fact that during the audit, the Chief and Captain responded to three separate emergency calls.

1. WORKERS' COMPENSATION TRAINING

FINDING 1. Currently, Workers' Compensation training is not provided or addressed in the New Employee Orientation course offered at the Institution. The IWCA recently provided refresher training to approximately 24 custody staff, however, there were no IST sheets or any other form of documentation available. The RTWC expressed concern about the lack of training for Supervisors and Managers and the impact on the Program's day-to-day operations.

Risk/Impact: The Institution recently received a \$10,000 Cal OSHA fine for an inmate claim where an incident that occurred at a Fire Camp and was not handled properly. Additional fines could be incurred at the Institution for improperly handled claims in the future, if Managers and Supervisors are not properly trained and made aware of their roles and responsibilities in the area of Workers' Compensation. Inadequate knowledge of the Workers' Compensation Program requirements will expose the institution to unnecessary liability.

Recommendation: Train all supervisors and managers in New Employee Training, as well as provide regular refresher training sessions. Attendance at these training sessions should be considered "mandatory," with attendance tracked using an IST sign-in sheet and a tickler/tracking sheet with follow up by RTW office staff to ensure that required attendance is met by all supervisors and management staff. The RTWC attends all sessions provided by the Department of Personnel Administration, as well as being certified as a Master Trainer. The RTWC would like to be invited to the Fire Camps in order to provide Commanders with training on Workers' Compensation process, roles and responsibilities.

2. HEALTH AND SAFETY – Hazardous Materials

FINDING 1. There is no system in place for ensuring that staff and inmates are properly trained when new substances are introduced that could present a workplace hazard. Currently, the Warehouse provides Material Safety Data Sheets (MSDS) to the work area where the product is being introduced and to the Fire Chief. However, the MSDS are generally filed and no training is conducted on how to use the product, dilution requirements or first aid treatment. The largest problem lies with PIA products and name changes.

Criteria: DOM 31020.5.3

Risk/Impact: Products that are not diluted according to specifications pose a significant health risk to inmates and staff when used full-strength. Products that are overly-diluted are ineffective at eliminating germs and bacteria and therefore pose an additional health risk to staff and inmates.

Recommendation: Provide regularly scheduled “tailgate” training to introduce new products in all affected areas of the Institution as well as provide training to staff and inmates on the proper use of products.

3. FIRE, LIFE, SAFETY SYSTEMS – Equipment

FINDING 1. Pump testing records exceeded the annual requirement.

Criteria: National Fire Protection Act (NFPA) 1901

Risk/Impact: Pump failure in the event of an emergency. Firefighter safety compromised when responding to fire emergencies.

Recommendation: Secure funding for certified pump testing in order to bring testing up-to-date in order to come into compliance with NFPA standards and replace equipment, if needed.

FINDING 2. Annual extrication equipment maintenance not performed according to maintenance records

Criteria: NFPA 1670

Risk/Impact: Equipment failure during patient extrication resulting in injury or loss of life.

Recommendation: Secure funding to ensure annual maintenance is performed by a certified vendor in order to come into compliance with NFPA standards.

FINDING 3. Turnouts exceed service life.

Criteria: NFPA 1971

Risk/Impact: Equipment failure during fire emergency resulting in injury or loss of life of firefighters.

Recommendation: Secure funding to replace outdated turnouts in order to come into compliance with NFPA standards and reduce risk of injury and loss of life.

FINDING 4. Exhaust fan not installed in truck bay.

Criteria: Title 8

Risk/Impact: Prolonged and chronic exhaust fume inhalation by staff and inmates could occur resulting in time lost and workers' compensation costs.

Recommendation: Secure funding to install an approved exhaust system in order to come into compliance with Title 8 standards.

4. FIRE, LIFE, SAFETY SYSTEMS – Fire Inspections

FINDING 1. Lack of maintenance and testing of smoke detectors.

Criteria: California Fire Code, Group I, Division 3.

Risk/Impact: Delayed response to fire emergencies could result in injury, loss of life and property.

Recommendation: Secure funding to ensure annual maintenance is performed by a certified vendor.

5. FIRE, LIFE, SAFETY SYSTEMS – Fire Suppression Equipment

FINDING 1. According to maintenance record review, fire alarm systems are not properly maintained. Trouble and false alarms are common throughout the Institution.

Criteria: Annual servicing is required DOM §52090.7.4

Risk/Impact: Injury or loss of life and property in the event of a fire.

Recommendation: Secure funding to repair fire alarm systems Institution-wide by a certified vendor.

FINDING 2. According to maintenance record review, sprinkler systems are not properly maintained. Servicing has not been provided since 2006.

Criteria: Annual servicing is required DOM §52090.7.4

Risk/Impact: Injury or loss of life and property in the event of a fire.

Recommendation: Secure funding to ensure annual maintenance is performed by a certified vendor and repairs completed as needed.

6. FIRE, LIFE, SAFETY SYSTEMS – Haz Mat

FINDING 1. Institution does not have an Associate Hazardous Material Specialist (AHMS.)

Criteria: Title 8, §5192 and §5194

Risk/Impact: Institution at risk of being fined by Cal OSHA for being out of compliance. The Institution is also at risk of being fined by the Department of Toxics and Substance Control for hazardous waste disposal container dates exceeding mandated timelines.

Recommendation: Secure funding to enable the Institution to hire a full-time AHMS to ensure that the Institution is compliant with Cal OSHA regulations as well as Department of Toxics and Substance Control rules and regulations.